SECTION G – NETWORK DEVELOPMENT

G.1 Provide a plan to build a statewide provider network to adequate (Section 7.0) for a membership of 250,000 members that in accordance with the specifications found in Section 7.0 of the RFP and specific efforts to recruit and retain participation quality providers in the Louisiana Medicaid program. Include your process and policies for utilization of out of network providers and your plan to address any gaps in local coverage and maintain adequacy throughout the term of the contract.

Since LHCC is an incumbent plan with a developed network, we have chosen to provide highlights of our existing network and network innovations first, then we will describe our general and targeted approach for addressing any network gaps we have identified. We also will provide highlights of our approach to recruiting and retaining quality providers; and our policies and processes related to the use of out-of-network providers.

This response is broadly organized as follows:

- Network Development and Management Success Highlights
- Key Contracted Providers by Region
- Efforts to Recruit and Retain Quality Providers for Louisiana Medicaid
- Process and Policies for Utilization of Out of Network Providers
- Plan to Address Gaps in Local Coverage and Maintain Adequacy Throughout the Contract
- LHCC's Network Development Approach

Network Development and Management Success Highlights

Louisiana Healthcare Connections (LHCC) has successfully developed, implemented, and maintained a comprehensive statewide provider network for the delivery of healthcare services to more than 149,000 members enrolled in our plan. Our current network, with **over 11,000 providers statewide** exceeds the minimum capacity standard for 250,000 members, and we continue to evaluate network capacity on a quarterly basis, at a minimum.

LHCC's current provider network ensures the provision of core benefits and services as evidenced by the Network Development summary and GeoAccess maps provided in ***Attachment G.1-A Appendix FF-Network Development Summary and G.1-B GeoAccess Maps*** in accordance with Section 7.0, including Appendix UU Provider Network Geographic and Capacity Standards, Specialties listed in Addendum 15 - Appendix TT Revised 9/2/14 and 42 CFR. Specific interventions related to network gaps identified and described in the *Plan to Address Gaps* section later in this narrative.

Consistent with the provider network requirements specified in Section 7.1.1., for Bayou Health, LHCC maintains a network that ensures, at minimum, member access to qualified providers equal to that for rest of the insured population. In addition, we continuously monitor and assess our provider network to ensure all services covered are accessible to our members in comparable timeliness, amount, duration, and scope as those available to other insured individuals in the same service area pursuant to Section 7.1.2.

Comprehensive Network that Delivers Appropriate and Timely Care to our Members.

Below is a high level summary of LHCC's network as summarized, by provider type, in Appendix FF:

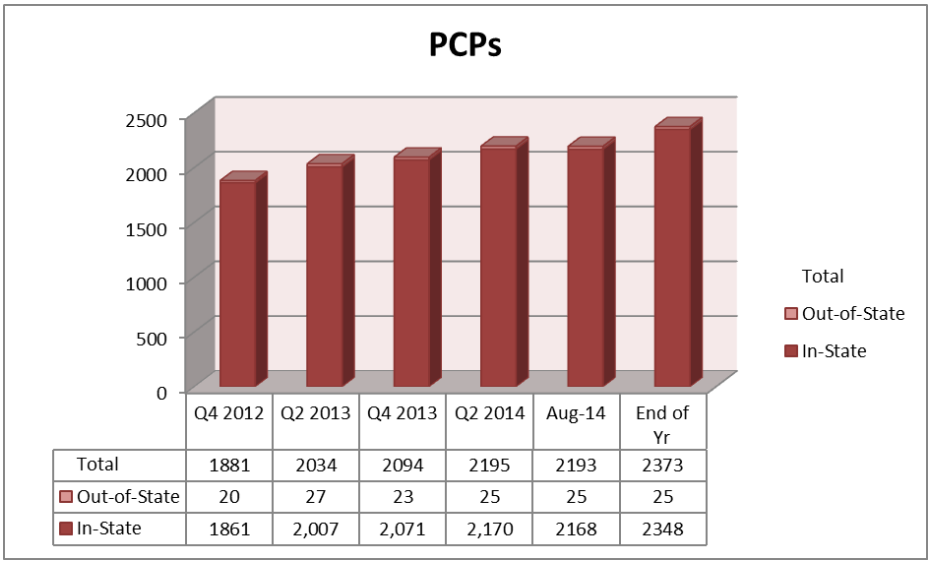
Provider Type	Overall Network Providers as of August 2014		DHH Participating Providers Summary
Provider Type	***LA***	***Out of State***	***Appendix FF within distance standard(in-state)***
Primary Care Physicians	2,168	25	2,031
Specialists	7,104*	357	5,737
Hospitals	157	6	124
Ancillary Providers	975	105	209

**CRNAs are not included in the specialist overall numbers*

Network Growth Due to Targeted and Successful Provider Recruitment

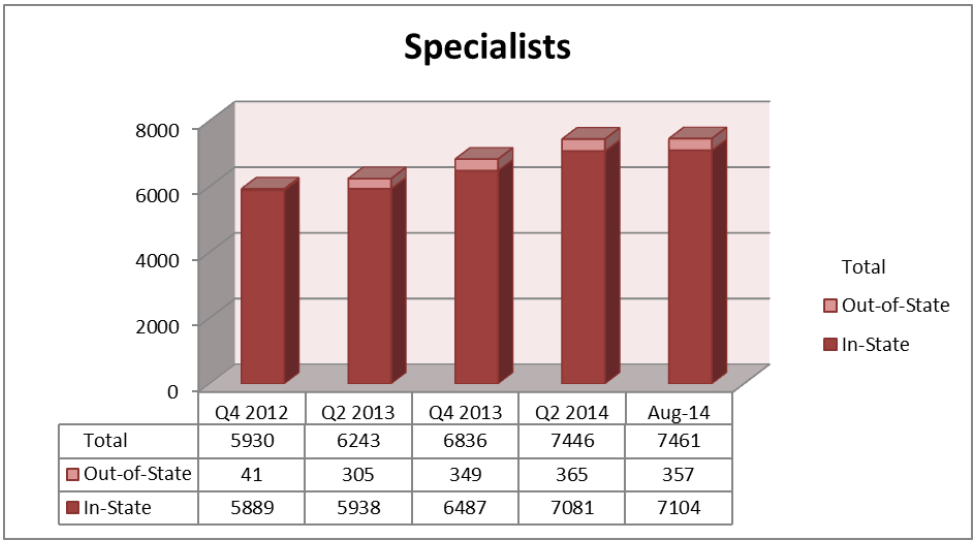
Since implementation of Bayou Health, we have continued to **expand** our overall **provider network** in Louisiana by an average of **25.7% across all PCP, Specialist and Hospital provider types** as depicted in the graphs below. The current provider network includes all provider types in every area of the state.

PCP Growth = 26.2%



	Q4 2012	Q2 2013	Q4 2013	Q2 2014	Aug-14	End of Yr
Total	1881	2034	2094	2195	2193	2373
Out-of-State	20	27	23	25	25	25
In-State	1861	2,007	2,071	2,170	2168	2348

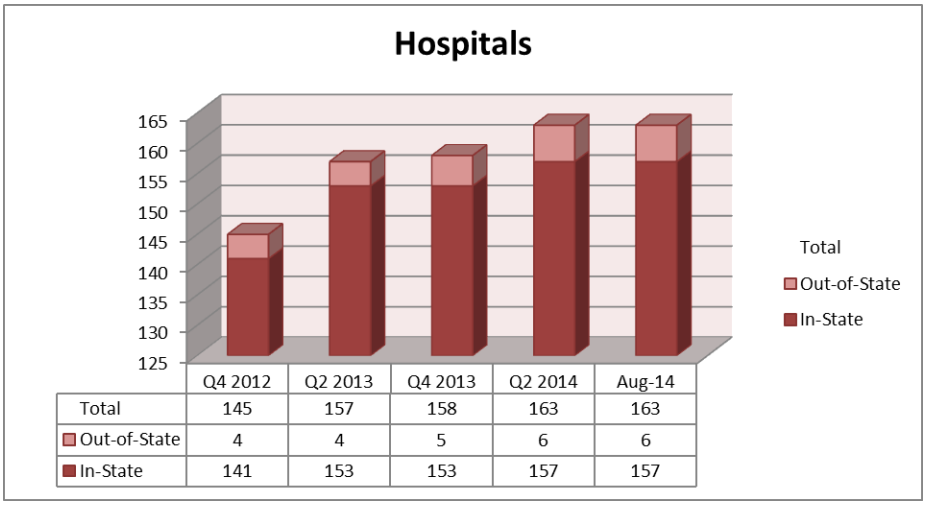
Specialist Growth = 25.8%



	Q4 2012	Q2 2013	Q4 2013	Q2 2014	Aug-14
Total	5930	6243	6836	7446	7461
Out-of-State	41	305	349	365	357
In-State	5889	5938	6487	7081	7104

Please Note: Q4 2012 did not include CRNA's. Therefore, CRNA's were removed from the other time periods in order not to show inflated growth. On average we have 911 CRNA's participating in our network.

Hospital Growth = 12.4%



	Q4 2012	Q2 2013	Q4 2013	Q2 2014	Aug-14
Total	145	157	158	163	163
Out-of-State	4	4	5	6	6
In-State	141	153	153	157	157

Significant Traditional Providers (STPs)

Pursuant to Section 7.6.1.1, we review and compare our existing provider network to Significant Traditional Providers identified by DHH across all Bayou Health Plans. We continue to make a good faith effort to recruit STPs across the state and as evidenced by our success contracting with he STPs in the following categories based on DHH 2014 STP data:

Provider Type	Physicians PCP	Physicians Non-PCP	Physicians Groups	Pharmacies	Hospitals	FQHCs/RHCs
Par %	92%	89%	80%	100%	91%	100%

Addressing Patterns of Care

Louisiana Healthcare Connections (LHCC) reviews the top 80% of LHCC member's utilization to identify new providers for recruitment. Based on our analysis in August 2014, 100% of the providers associated with the top 80% of our member's utilization are all contracted with LHCC .

LHCC continuously evaluates existing patterns of care to refine our network development efforts. For example, in February 2014, we pulled a report of all non-participating provider claims data and initiated a network contracting campaign to recruit as many of the identified providers as possible. Through this process, we **obtained contracts for** and have credentialed approximately **26% of the providers identified** initially as **non-contracted**. Our Network Team continues provider recruitment efforts in order to provide our members with the best possible access to care.

Community Health Solutions

"Over the initial years of Bayou Health, my practice has enjoyed a productive relationship with Dr. Stewart Gordon, your new Chief Medical Officer. In his role with Community Health Solutions, we worked collaboratively to improve the Medicaid delivery system for our patients.

We look forward to working with Louisiana Healthcare Connections and continuing to build upon the successes we achieved in concert with Dr. Gordon. Together we can improve health care efficiency and put our patients on the path to better health."

~Bruce Thompson, MD, Children's Clinic of Southwest Louisiana, Inc.

In 2014, Centene Management Company, LHCC's parent company, completed the transaction whereby Community Health Solutions of America, Inc. (CHS) assigned its shared savings contract with DHH under the Bayou Health Shared Savings Program to LHCC. Dr. Stewart Gordon was the first employee from CHS to join LHCC, and is our Chief Medical Officer. Dr. Gordon has well-established provider relationships throughout the State. He grew up in Baton Rouge, attended Louisiana State University (LSU) for undergraduate and medical school training, and completed his pediatric residency in New Orleans at Charity & Children's Hospital. Prior to joining CHS, Dr. Gordon was a practicing pediatrician for 18 years at Earl K. Long (EKL) Medical Center. His pediatric practice was largely focused on providing services to the Medicaid and uninsured population. He was involved in medical student and pediatric resident education throughout his tenure at EKL. Dr. Gordon served as the President of the Louisiana Chapter of the American Academy of Pediatrics (AAP) 2008-2011 and remains actively involved in State and national AAP activities.In addition, we expanded our PR team and will be hiring five PR staff from CHS to help us integrate the very successful provider engagement model CHS is known for.

Immediately, Dr. Gordon and our CEO, Jamie Schlottman, personally met with all of CHS' key provider groups to identify ways in which we could ensure a smooth transition to LHCC, and continue to **build**

upon *what worked well within the Share Savings Program*. Immediately, LHCC saw the value of Dr. Gordon's relationships with the provider community, the level of engagement between providers, the CHS provider service model, and the value in the provider incentive programs CHS had in place for all Primary Care Providers (PCPs).

Through our outreach efforts and timely claims payment to providers (when they were non-participating), such as North Oaks Pediatrics with 14,100 Medicaid members, these practices that previously chose only to contract with CHS determined that LHCC is a good plan to work with. The **good grade** we received was due in large part to our ability to **pay non-par newborn claims within the first 30 days**, and our willingness to adopt and maintain CHS' best practices and provider service model.

We continue to improve network accessibility. Due to our provider engagement efforts and partnership with Community Healthcare Solutions (CHS), we successfully added 180 practitioners to our provider network, and will add another 25 by 11/01/14

As a result of this targeted outreach with Dr. Gordon, we have successfully **contracted with 180 of these key CHS practitioners**, and expect to **add another 25** by 11/01/14. In addition, we have adopted some of CHS' best practices by enhancing our provider service model and redesigning our incentive programs. We will implement our enhanced PCP incentive models for our entire network of PCP providers beginning October 1, 2014. Please Section Z.1 for details on LHCC's proposed provider incentives.

Ensuring Access to Specialty Care

LHCC has ensured specialty access for our Bayou Health members throughout the state, including in rural parishes and other areas where access is an issue. We have consistently grown our specialist network over the course of our contract as shown in the graphic above. We offer access to some of the top specialty/tertiary providers in Louisiana, such as Louisiana Children's Medical Corporation (parent company of Children's Hospital in New Orleans), Touro Infirmary and Medical Center of Louisiana at New Orleans, Tulane University Medical Group, Willis-Knighton Health System, Ochsner Health System, and Franciscan Missionaries of Our Lady System.

During the current contract period, we have maintained a robust network with relatively few gaps. Those gaps that do exist are sometimes due to a lack of providers in the area and not because of provider unwillingness to contract with LHCC. We go the extra mile to develop a network that ensures access to specialty care, using proven solutions to increase the number of contracted specialists. For example, in February 2014, our Contracting team began generating a report (which we revise quarterly) of all claims from out-of-network (OON) specialists. We target all providers on this report, and our Contracting staff outreach and offer a contract to those targeted. Through September 2014, we have successfully contracted with 29% of the OON specialists that our Contracting team visited to offer a contract. When we identify a gap, we follow established processes to ensure timely member access to medically necessary care while we attempt to fill the gap.

Improving Access to Sub-specialty Care

PCPs informed us they were having difficulty with patient access to sub-specialty care. We reached out to Greg Frein, CEO of LCMC, and collaborated to help identify a solution. Because of our relationship, efforts and common goals, LCMC developed a new pilot process to open time slots on sub-specialty provider schedules and streamline the scheduling process. We are identifying a few PCP offices located on the North Shore to work with LHCC and LCMC to be a part of this pilot program that will be implemented in October.

Network Development Strategies to Increase Rural Specialty Access

Our August 2014 analysis of our current provider network indicated that we **currently contract** with **89%** of the **specialists** (defined as non-PCP physician providers) **identified** by DHH as **Significant Traditional Providers (STPs)**. By the time LHCC submits this proposal, we expect this percentage to be even higher since we have received several signed **contracts** from **STPs,** which are pending credentialing, **in Regions 8 and 9**.

Since patterns of care are an important consideration for determining adequate access, we consider such patterns in our recruitment strategy, particularly for specialty care. For example, to accommodate Bayou Health members who live in border areas and access care across the state border, LHCC contracts with specialists affiliated with Natchez Community Hospital, River Region Health System and Southwest MS Regional Medical Center along the eastern border of the state. Similarly, we have contracted with several Texas providers to support rural residents on Louisiana's western border. We also identify and attempt to contract with any new specialists who move into rural areas, and offer contracts, when necessary, to specialists who have not historically accepted Medicaid or CHIP patients to achieve access for members.

LHCC/LSU Telemedicine Program

Phase I: Traditional Telemedicine

Use of the existing LSU telemedicine infrastructure, with some additions by LHCC where needed, to allow members in certain geographic areas to travel to a local medical clinic or hospital for a telemedicine visit with a specialist.

Phase II: Innovative In-Home Telemedicine

Evaluation of LSU's current telemedicine platform to determine feasibility of use on mobile devices so that LHCC's Case Management staff can serve as the receiving end of a telemedicine visit in the member's home.

Using Telemedicine To Expand Specialty Services

LHCC is working on a collaborative telemedicine solution to improve access to specialist providers in rural and underserved parts of the state. We are **actively engaged in discussions** with **Louisiana State University (LSU) Hospital Services Division (HCSD), LSU Health Science Center New Orleans, and LSU Health Care Network Clinics** to develop a partnership for a **telemedicine program across the state**. This partnership may also include LCMC Integrated Health System (including Children's Hospital, Interim LSU Hospital [ILH], Touro, and the future University Medical Center). *For ease of reading, this response refers to these providers collectively as LSU*.

Our Chief Executive Officer, Jamie Schlottman, and Greg Frein, the CEO of LCMC launched this initiative. Kendra Case, our Chief Operating Officer and Dr. David Thomas, our Chief Medical Director met with the Chief Medical Officer Juzar Ali of LSU Health Science Center, as well as Paolo Zambito, Senior Vice President of Operations for ILH. Dr. Ali is the designated faculty and officer in charge of the existing telemedicine program for all components of the LSU system, and has given a firm commitment to LHCC to work jointly on this project, which we will implement in phases beginning Q1 2015.

Telemedicine programs traditionally consist of three components:

- The member (patient) in a remote area who travels to a clinical setting to receive the session
- The providing physician on the other end of the video feed in a different geographic location
- The technical and administrative team at both sites that facilitate the sessions.

For our proposed Telemedicine Program, LHCC will be the lead on engaging the member for the telemedicine session. LSU Health Science Center, under the leadership of Dr. Ali will be the lead on finding willing specialist providers from different academic departments to participate as providing physicians. LSU HCSD, under the direction of Dr. Ali, will be the lead for the technical and

administrative services needed to execute the program, as the current equipment and hardware belong to them.

LSU began its telemedicine program 12 years ago, with installation of video equipment in its hospitals and their associated clinics. We will evaluate capacity and locations of these facilities to determine how we can provide additional hardware and equipment to establish a facility base for telemedicine visits in geographic areas with a shortage of one or more specialist provider types needed by our members. LSU has already spent time evaluating the specialties that are 'telemedicine friendly', meaning, that the positive member experience and outcomes are achieved at an acceptable level through a video visit instead of a more hands-on, in-person encounter.

LHCC will rely on the expertise of the LSU physicians and staff in determining which specialties are telemedicine friendly, and work within that scope to develop the program. However, we have already discussed the possibility of adding neurology, pediatric allergy, and hematology, and plan to discuss other key specialty types for which there are shortages. Key specialty types with shortages include geriatric medicine, adolescent medicine, and pediatric specialists, including endocrinology, gastroenterology, hematology and oncology, infectious disease, nephrology, pulmonology and rheumatology.

As we evaluate specialty types to include and where to locate additional facility bases, we will prioritize program expansion to areas in which we have both identified opportunities as well as heavy concentrations of membership. For example:

- Region 8 (Monroe and northeast corner) has the highest need in the state, as the region has network opportunities in all specialty types listed in the box, left. In this region, the highest concentration of our membership is in Ouachita Parish. Therefore, this Parish will be a priority.
- Region 5 has network opportunities in most of the specialties shown in the box. This is one of the areas in the state in which we have the heaviest population of members, with the largest concentration of our membership in Calcasieu Parish. This Parish will be a priority.
- Region 6 (Alexandria and the central part of the state) also has network opportunities in most of the specialties mentioned. In this area, the concentration of our membership is in Rapides Parish, so this Parish will be a priority.

In addition to these regions and Parishes, we will evaluate other rural areas based on membership concentration as well as need for specialist coverage.

Tertiary Care Providers

LHCC has established a comprehensive tertiary network throughout Louisiana to provide highly specialized services to our Bayou Health members. Since 2011, our Network Development and Contracting Team (Network Team) has **enhanced our tertiary care network** throughout the State to **include all the available tertiary facilities**, with the **exception of Ochsner** Health System, and expanded our network of sub-specialty providers.

Ochsner Health System

We currently utilize Single-Case Agreements (SCAs) with Ochsner Health System for any tertiary care services needed. We are currently in **active negotiations** with them and **anticipate** a **finalized contract** by **January 1, 2015**. This contract will include their **10 hospitals**, both owned and managed, more than **40 health centers**, more than 15,000 employees, and over **2,500 affiliated physicians** in more than **90 medical specialties** and **subspecialties.**

As necessary, LHCC contracts with and refers to out-of-state tertiary facilities hospitals in the trade area, especially when there are no hospitals that meet network requirements, when there are no hospitals that

exist within the parish (in particular, parishes near state borders for which an out-of-state tertiary care provider is more accessible than one in-state), or when a contract cannot be negotiated. This may occur in instances of bed shortage in the State or for cases where the member's care is best provided by highly specialized Centers-of-Excellence such as:

- Cincinnati Children's Hospital Medical Center (e.g. Specialty Airway Surgery Facial Reconstruction)
- Boston Children's Hospital (e.g. Unique Complex Congenital Heart Disease Surgery)
- MD Anderson Children's Cancer Hospital and Cancer Center (e.g. Cancer Care Hospital and Clinics
- St. Jude Children's Research Hospital (e.g. Cancer Care Hospital and Research Center)
- Texas Children's Hospital (e.g. Seizure Specialist for Intractable Epilepsy)
- University of Mississippi Medical Center - Batson Children's Hospital (e.g. Specialized Hip Reconstruction)
- Georgetown University Hospital (e.g. Transplants not provided in Louisiana, such as Bowel-Intestinal Transplants)

For a **comprehensive list** of contracted **Tertiary Providers**, please see our response to **Question G.2** in this section.

Patient Centered/Primary Medical Homes

LHCC is proud to continue our support of our medical home/health home community in Louisiana. We are one of the few Medicaid plans in Louisiana with Certified Content Experts (CCE) and dedicated PCMH staff across the state to support providers to achieve their goals of attaining medical home recognition/certification. In addition, we also will be hiring three staff from CHS who have well-established relationships with, and are highly recommended by, providers to enhance the provider engagement from our medical home/health home team.

Our Patient-Centered Medical Home Certified Content Experts™ have demonstrated an in-depth knowledge of the requirements, the application process, and the documentation required for PCMH Recognition. NCQA's **Patient-Centered Medical Home Certified Content Experts** are required to complete two NCQA educational seminars, pass a comprehensive exam, and commit to continuous learning and recertification to maintain the credential. When these individuals achieve this credential, they align with NCQA's mission to improve quality of health care.

Our **Manager, Medical Home/Health Home** is an **active member** of the **NCQA Advisory Board**, and we currently have two of our staff who are PCMH-CCE. All LHCC medical home/health home staff are in the process of becoming CCEs to provide the best support to our provider community.

Provider Engagement. Patient Centered Medical Home (PCMH) staff meet with providers, and will continue to make monthly provider visits to review their care gaps and introduce the PCMH model of care in an effort to transition providers to higher levels of recognition/certification. We currently have 89 PCMH sites listed, and they support 715 providers throughout Louisiana.

LHCC supports 89 PCMH sites throughout Louisiana

PCMH Level	# of PCMH Sites
NCQA Status 1	22
NCQA Status 2	22
NCQA Status 3	29*
NCQA JCAHO	20

**At least four sites have both NCQA PCMH recognition as well as Joint Commission PCMH certification.*

Since 2012, we have assisted 15 sites with achieving NCQA PCMH recognition by staff involvement and assistance, as well as via the BizMed toolkit. For example, Southeast Community Health Systems (Region 2) had three clinics at Level 1. They added one new clinic that had never been certified. We arranged with NCQA to submit a corporate application and as a result all four clinics were recognized at a Level 3. These 15 sites represent 41 individual practitioners.

In addition, we have Health Check Coaches who run care gap reports and outreach every quarter to help PCMH practices engage the members in need of EPSDT follow up, who frequent the ER more than 3 visits/quarter, and/or who have high HEDIS numbers. Our Medical Home staff also perform medical record reviews for LHCC.

Medical Home Incentive Model. LHCC continues our strong investment in providers achieving medical home recognition, and encourages medical homes to achieve higher levels of recognition as they meet higher standards. We help primary care and specialist providers get a jump-start on their medical home recognition by making a total investment of $1000 to their office throughout the process. For Primary Care Providers, this is in addition to the PMPM based on their recognition level achieved. Since LHCC is an NCQA corporate sponsor, providers who utilize our services for PCMH also receive a 20% discount to achieve recognition. Once certified, the provider sends a copy of the official NCQA email confirmation or Joint Commission email confirmation, and they receive the bonus payment. Once recognized, the practice will enter into our medical home incentive program.

Medical Home Incentive Program

Certification/Recognition Levels	PMPM
Certification/Recognition Process	**$1,000**
Level 1	$.50 PMPM
Level 2	$.75 PMPM
Level 3	$1.00 PMPM

***Medical Home Summits*.** In addition to our ongoing provider engagement efforts, we host PCMH Summits in different areas of the state on an annual basis to help educate providers about the resources and tools available to help them achieve recognition/certification status. These summits also help to providers who have already received recognition/certification transition to higher levels of the level of recognition/certification.

In 2013, LHCC spearheaded coordination of a provider summit and invited an NCQA workshop trainer, all five Bayou Health Plans, and DHH. The summit was a great success with 60 attendees, including representation from all five Bayou Health Plans and DHH.

In May 2014, our main focus during the PCMH Summit was on how we support medical neighborhoods, and the tools and resources we provide. Dr. Thomas, our Medical Director, spoke about the importance of the medical home neighborhoods and the role of the PCP, as well as the Specialists, to coordinate together to improve patient care.

To expand our **support of medical home neighborhoods**, LHCC will extend the PCMH recognition **support and bonus** to those specialty practices to pursue and achieve **Patient Centered Specialty Practice (PCSP)** recognition.

Medical Home/Health Home Notification Process. On a monthly basis, we receive a file from JCAHO that notifies us of all of the PCMHs in Louisiana. We compare this list to our network to determine any new PCMHs. NCQA also sends a file to us, which we analyze to help us determine which providers to target for additional support or contracting.

Applying Medical Home/Health Home Principles within LHCC. In addition to the provider engagement efforts within our provider community, we also took a look at each department within LHCC and linked each function to the PCMH principles. As an example, we identified through this process an opportunity to improve providers' ability to reach our Case Management team more rapidly. Rather than providers being transferred, we streamlined our processes internally, which resulted in a direct connection for providers to reach our Case Management team.

We also added daily calls to the hospitals to identify and follow up on patients who are discharged from the hospital in order to coordinate care to ensure patients receive follow-up care within 14 days of discharge.

***Medical Home Web-Based Technology*.** LHCC has also invested in our medical home providers by providing BizMed, a web-based toolkit to support providers through the process of achieving medical home recognition/certification. This robust web-based software is user-friendly and reduces administrative burden on staff, and provides resourceful tools, many created by LHCC Medical Home staff, for each step of their recognition process.

These tools include, but are not limited to a **work plan, templates, workbooks, sample policies and procedures,** medical home advertisements (e.g., brochures and flyers) to identify they are recognized/certified as a medical home, and the benefits associated for their patients, patient survey tools, etc.

Positive Provider Feedback. The success of our PCMH program is further demonstrated by the positive feedback we have gotten from our providers. Some examples of this feedback include:

- Dr. Keith L. Winfrey & Staff, NOELA COMMUNITY HEALTH CENTER -NCQA LEVEL III RECOGNITION—JAUARY 15, 2013

  THE PCMH CHALLENGE: *"The most difficult part of the PCMH process was interpreting the elements. Many times, our team would read the requirements for each element and interpret the element in a different manner."*

  THE PCMH BENEFIT: *"The most rewarding part of receiving our Level III status was knowing we had done our best and received the highest level. All of our hard work paid off!"*

  THE PCMH PROCESS: *"The PCMH process, overall, is a daunting task. A large amount of work is required from those submitting documentation, as well as the staff and providers who input information into our EMR system. The NCQA website itself is confusing to navigate. We were very fortunate to have Gwen Laury and her team as advisors during the PCMH process. They provided valuable insight into the PCMH elements, as well as the survey tool submission process."*

- Dr. Glenda Richardson, Richardson Pediatric Clinic in Rivertown

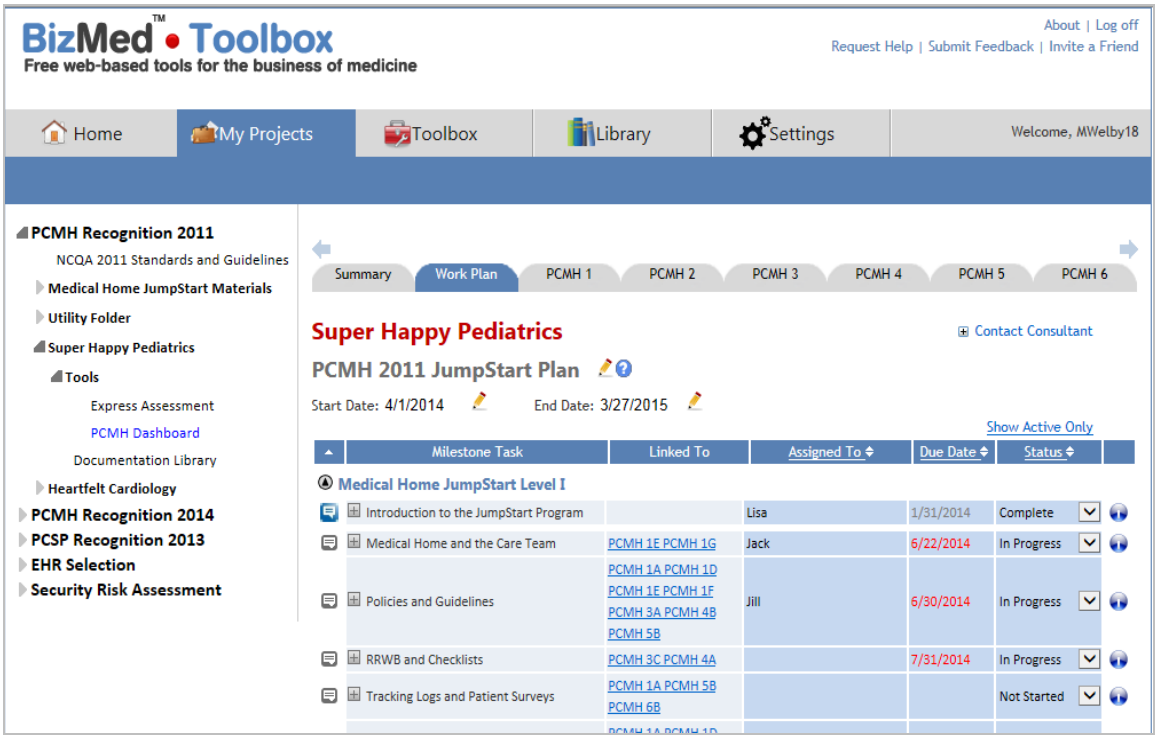
  THE PCMH CHALLENGE: *"Overall, the process was very time consuming. However, the BizMed Toolbox expedited certain portions of the process a great deal."*

  THE PCMH BENEFIT: *"The review workbook prompts you to want to do more. It allowed us to construct more efficient plans to help patients. Many of our processes were reinforced and patient self-management was also encouraged. Same day scheduling was also made more efficient. We were able to leave more spots open for same-day appointments, thus increasing patient satisfaction"*

- CEO Lynne Medley-Long, BATON ROUGE PRIMARY CARE COLLABORATIVE, NCQA LEVEL II RECOGNITION—FEBRUARY 20, 2013

  "The Facilitator role Louisiana Healthcare Connections, specifically Gwen Laury, and the Technical/Program Support the JumpStart program staff offered—specifically Margalit Gur-

Arie—was truly invaluable. Having hands on expertise, resources, and 'real people' as a 'go-to' was extremely important to keeping us on track and providing the guidance and technical clarifications we needed to ensure our efforts at process re-design and continuous quality improvement were consistent with NCQA standards."



In-Home Primary Care

Home Based Primary Care. In order to better address the needs of our home bound and other at risk members, LHCC has partnered with our affiliate, U.S. Medical Management (USMM), a national leader in house call medicine for over 20 years, conducting more than 500,000 in-home patient visits annually. The USMM model is the only physician house call practice to participate in one of the original CMS pilot Pioneer Accountable Care Organizations**.** In the first year of participation, USMM helped reduce hospitalizations by over 5% and annual beneficiary medical expense by more than 12%.

When Case Managers determine that a member is homebound, they can explore the option of an in-home visit by a USMM physician. If the member feels that a visiting physician model might be a better option for receiving ongoing care and would like USMM to provide this care and serve as the member's PCP, our Case Managers will assist with transferring the member's care to the USMM provider as indicated.

USMM provides enhanced access to health services and quality of life for complex populations by removing barriers to receiving care in the home. By bringing medical care directly into the patient's own living environment, the patient's individual identity and lifestyle are self-evident, and integrally woven into the medical encounters. Healthcare delivery is thus facilitated with minimal disruption to the patient's daily routine, which minimizes stress to the patient and caregivers, while optimizing access.

Community Paramedicine Program

LHCC is collaborating with Acadian Ambulance on our Community Paramedicine admissions/readmissions prevention program in the New Orleans areas. This partnership will initially target our highest utilizing members with asthma. If we determine that the program is successful in decreasing unnecessary ER visits and inpatient admissions/readmissions, we will evaluate the feasibility of expanding the program as part of our strategy to monitor other high-risk populations that experience exacerbations in remote areas.

The program will provide real-time support, including triage, home assessment, and appropriate redirection for targeted groups of members at risk for readmission, such as those with post-discharge home health services. Members who agree to participate will receive an in-home assessment by a paramedic to determine needs and care, including medications, safety risks, and level of support available. If and when the member calls Acadian, an Acadian representative will triage and assess the member, and will send a paramedic to the home if the member can be treated using community paramedicine protocols. If the member needs a higher level of care, but can be diverted appropriately from the ER, the paramedic will transport the member to the appropriate level of care (e.g., an urgent care center or a provider office, if that is an available option without an appointment). After the event, the paramedic will contact Transition of Care Team staff (below) with an update of the situation.

"It is my pleasure to recommend Louisiana Healthcare Connections as a Louisiana Medicaid managed care organization. Acadian Ambulance approached Louisiana Healthcare Connections in efforts to establish a new innovative program. Acadian Ambulance and LHCC have partnered to develop a Mobile Integrated Healthcare program in the New Orleans area specifically targeted to treat pediatric asthma. This mutually beneficial initiative would work towards healthier outcomes and make efforts in reducing unnecessary inpatient admissions and ER utilization.

~ Asbel Montes, Acadian Ambulance Service, Inc., VP, Governmental Relations and Reimbursement

Transition of Care (TOC) Program

Our onsite Concurrent Review Nurses (CRNs), our dedicated Transition of Care Team (TOC Team) of RNs, and social workers collaborate to handle care transitions, including inpatient care coordination and follow up for high-risk members. The TOC Program also addresses those members who require home care and other post-discharge services.

LHCC has **partnered with 17 of our largest hospitals,** including facilities affiliated with Verity, to place **ten registered nurses onsite** to perform concurrent review and work closely with each hospital's Case Management (CM) staff and their discharge coordinators. The TOC Team collaborates with our hospital partners to assist members with transitioning to an appropriate level of care.

In addition, we have two social workers on site at clinics such as David Raines FQHC and Affinity Health Group. CRNs work with facility staff, providers, and the member to coordinate care, ensure a safe discharge, and reduce readmission risk. TOC Team staff coordinate post-discharge authorizations and service initiation, follow

"Since the inception of Bayou Health, Verity and our partner providers have worked diligently with LHCC to implement programs to improve member's health status and bring greater efficiency to the delivery of care. As an example, the majority of our hospitals have either implemented, or are currently coordinating, the implementation of LHC onsite nurses to assist in patient care coordination, streamline prior authorization, and continue to work with us to clarify and streamline the entire process."

~ Joseph A. Bonsignore, Acadian Healthcare Alliance, President

up with the member after discharge, and monitor during the transition period to ensure the member receives needed care, adheres to medication and treatment regimens, and avoids readmission or ED visits.

Key Contracted Providers by Region

In the narrative below, we highlight LHCC's key contracted hospital and physician providers in each of the three regions based on identified patterns of care, as well as expertise and experience serving children and adults in the Bayou Health Program. LHCC's comprehensive network includes a number of other providers in each GSA as well.

Statewide and Multi-Region Providers

Louisiana Children's Medical Corporation (LCMC)

LCMC was one of the initial contracts LHCC pursued when we began to build the network, because of the high percentage of children enrolled in the current Bayou Health Program. LCMC is the parent company of Children's Hospital (Children's), Touro Infirmary, and Medical Center of Louisiana at New Orleans (formerly an LSU Charity Hospital), and they are a key LHCC provider for several reasons.

The Children's Hospital is a one of a kind hospital for Level 1 Trauma, NICU, PICU, CICU (Cardiac Intensive Care Unit), and performs services for children in all 64 parishes of Louisiana. In total, LCMC has brings LHCC over 40 pediatric specialties, and over 400 physicians with satellite locations in Metairie, Baton Rouge, and Lafayette.

The overlay that Louisiana State University Healthcare Network (LSU HCN) provides with its physicians is a key component of the hospitals in New Orleans. The LSU physicians are the specialists at Children's Hospital, Touro Infirmary, and the former LSU Charity hospital. As you can see, the partnership between LCMC and LSU is a deep one. Along with the pediatric specialists at Children's, LSU HCN provides the OB/GYN specialists for Touro Infirmary.

To expand their market share, LCMC has worked with Jefferson Parish to create a 30-year lease agreement of West Jefferson Medical Center in Marrero, LA. Additionally, they have entered into a management agreement for the operation of Methodist Hospital in New Orleans East, and are in discussions with the Jefferson Parish leadership to begin leasing East Jefferson Hospital. In the near future, LCMC will be the largest hospital system in the New Orleans area for Medicaid services.

LHCC is **actively engaged in discussions** with Louisiana State University (LSU) Hospital Services Division (HCSD), LSU Health Science Center New Orleans, and LSU Health Care Network Clinics to develop a partnership for a **telemedicine** program across the state. This partnership **may** also **include LCMC**.

Franciscan Missionaries of Our Lady (FMOL)

One of the most important health systems in the state of Louisiana, FMOL provides LHCC access to flagship hospitals in several markets. The most visible hospital for FMOL is Our Lady of the Lake Regional Medical Center, which handles approximately one half of the ER volume in the Baton Rouge area, and is the preferred hospital for neuro-emergencies. The neurologists at Neuro-medical Center have admitting privileges at this hospital, so any motor vehicle accidents and trauma can be seen here. The hospital has entered into a joint venture with the State of Louisiana to build a Level 1 trauma unit, and they are currently licensed for 701 beds. FMOL also has the following facilities located in various markets:

- Our Lady of the Lake Regional Medical Center—Baton Rouge
- Our Lady of Lourdes Regional Medical Center—Lafayette
- St Francis Medical Center—Monroe
- St Elizabeth Hospital—Gonzales

- Our Lady of Angels—Bogalusa

Woman's Hospital

"It's about the babies!" Woman's Hospital is the market leader for deliveries in the Baton Rouge area. If you're having a baby in Baton Rouge, it is most likely going to be at Woman's Hospital. LHCC also contracts with Woman's Hospital for services such as Mammography, Cancer Care, and Surgeries. Woman's Hospital is ranked as one of the top hospitals in the country for deliveries, and they have recently implemented electronic patient medical records. From their web site: *Quality of care is of the utmost importance. Woman's Hospital placed stricter guidelines on elective inductions between 39 and 41 weeks of pregnancy to reduce cesarean deliveries, and implemented newborn heart screenings long before a state mandate – a measure that saved four babies' lives in 2013.* Woman's exemplary surgical care was recognized as a Top Performer by JCAHO.

Woman's entered into a public-private partnership with LSU and the Louisiana Department of Health and Hospitals to provide obstetrical and gynecological care for underserved women in the region and to train future physicians. In 2013, Woman's was named "Specialty Hospital of the Year."

Geographic Service Area A

New Orleans

Access Health Louisiana (AHL). AHL is the largest network of Federally Qualified Health Centers (FQHC) in Louisiana. They encompass a total of 9 FQHC clinics, and 6 school based wellness centers. They offer typical services for an FQHC, including primary care, behavioral health, and others.

Tulane University. Tulane is a very important part of LHCC's network in New Orleans. The Tulane physicians are a multi-specialty group made up of most specialties, and there are 630 physicians with admitting privileges at the group of hospitals. The physicians practice at Tulane University Medical Center, Tulane Medical Center Downtown, and Tulane Lakeside, which are all owned by HCA. Facilities and Services include:

Tulane Multispecialty Center Metairie	**Tulane Institute for Sports Medicine.**
Tulane Multispecialty Center Uptown	**Tulane-Lakeside Hospital**
Tulane Multispecialty Center Downtown	**Tulane Hospital for Children**
Tulane Cancer Center	**Tulane Abdominal Transplant Institute**
Tulane Center for Women's Health	

Also, other divisions within the system our contract provides access to include:

- The Tulane Pediatric Heart Center
- Tulane Spine Center
- Tulane Breast Health Services
- Tulane Comprehensive Stroke Center

Special services offered include:

- Low Dose, Hi Definition CT Scans – less radiation
- 3D Mammography
- Various transplants, such as liver, bone marrow, etc.

Northshore

North Oaks Medical Center. North Oaks is the largest health system on the north shore of New Orleans, and they service Tangipahoa, Washington, St. Tammany, and Livingston parishes. North Oaks has brings LHCC over 28 clinics that offer specialties such as Neurology, Obstetrics/Gynecology, Internal Medicine, Orthopedics, Allergy/Immunology, Otolaryngology, Shock Trauma, Infectious Disease, and Primary Care.

St. Tammany Parish Hospital. Located on the North Shore in Covington, Louisiana, this hospital is strategically placed to serve LHCC members in St. Tammany Parish, and they provide cardiac care services. St. Tammany Parish Hospital leads the way in cardiac care in the region, with the latest cath and peripheral labs, state-of-the-art operating suites, certified cardiac rehab, Coumadin clinic, and active staff relationships with the region's leading cardiology and cardiovascular specialists. St. Tammany Parish Hospital also owns a physician network that includes 15 PCPs.

Geographic Service Area B

Capitol City Region (Baton Rouge)

Baton Rouge General Medical Center. Baton Rouge General has two locations, and is one of four hospitals in the state that currently specializes in burns. They are also developing a neuromedical services unit within the hospital, and they have begun delivering babies in recent years. They have an ER that is very active, and they are strategically located with two separate campuses in Baton Rouge. The original facility is located on Florida Boulevard, and serves more LHCC Medicaid members because of its location. The other facility is on Bluebonnet Boulevard, and handles more commercial business.

The Bayou (Houma/Thibodeaux)

Verity. LHCC has a long-term relationship with Verity through the Acadian Healthcare Alliance. Verity, a progressive healthcare provider network of 13 hospitals and other multi-specialty providers offers comprehensive services throughout GSA B.

Acadian Healthcare Alliance. Acadian Health Care Alliance (AHCA) is a Physician/Hospital Organization (PHO) comprised of 10 hospitals and over 500 physicians throughout the Acadiana area. Most of the hospitals in the alliance include Lafayette General (which includes Lafayette General, Lafayette Surgical Hospital, University Hospital and Clinics, St. Martin Hospital, Acadia General Hospital, and Abram Kaplan Memorial Hospital); Abbeville General Hospital; Cardiovascular Institute of the South; Franklin Foundation Hospital; Opelousas General Hospital; and Savoy Medical Center. These hospitals form a coalition of hospitals that cover Medicaid Region 4 and the surrounding areas. Our contract with Verity gives us access to AHCA's hospitals and PHO, which is a network rental we have contracted with in GSA B and includes 13 hospitals and approximately 3,500 providers.

Terrebonne General Medical Center (TGMC). This hospital resides in an area of the State known as the Bayou. Terrebonne General is a mid-sized hospital with 321 beds, 150 doctors, 1,300 employees, and 50 volunteers. TGMC offers comprehensive care that ranges from our Women's Center, Mary Bird Perkins Cancer Center at TGMC, an Outpatient Surgery Center, Inpatient and Outpatient Rehabilitation, Diagnostic Imaging Services, Women's Imaging and Breast Center, and a Community Outreach Center.

TGMC is also recognized for outstanding cardiac, orthopedic, and emergency services. Along with the number of different services offered, TGMC also has one of Louisiana's only accredited stroke programs. Among some of the successes this past year, TGMC was reissued accreditation from the Joint Commission, and their Neonatal Intensive Care Unit was granted Level III status by the Louisiana Department of Health and Hospitals.

Geographic Service Area C

Community Health Systems (CHS) Our contract with CHS provides LHCC members access to Northern Louisiana Medical Center (Ruston), Byrd Regional Hospital (Leesville), and Lake Area Medical Center (Lake Charles).

Lake Charles

CHRISTUS St. Patrick. This facility is a part of the CHRISTUS Health System. CHRISTUS St. Patrick's provides LHCC members with access to the following services: behavioral health; children's services, including school based health centers; diabetes; high tech Imaging and diagnostic radiology; long term acute care; rehabilitation; wound care; and use of the DaVinci robot for surgeries.

Alexandria

CHRISTUS St Francis Cabrini. This hospital is the leading alternative to Rapides Regional Medical Center, and provides a Cancer Center, Diabetes Education and Management, Heart Disease, Bariatric Center, Woman's and Children's Hospital, and DaVinci robotic surgeries.

Rapides Regional. Rapides Regional is owned by HCA, and this hospital is the anchor hospital in the Alexandria area.

Shreveport / Bossier (Twin Cities)

CHRISTUS Health System (CHRISTUS Schumpert). CHRISTUS Health Shreveport-Bossier's provides LHCC members access to cardiovascular services, oncology, orthopedic and neurological services, primary care and medicine, surgical services, and women's and children's services.

University Health Shreveport (Bio-Medical Research Foundation. Formerly E.A. Conway, University Health Shreveport is home to state-designated Centers of Excellence, including the Feist-Weiller Cancer Center and a Center of Excellence in Arthritis and Rheumatology. The main campus has an accredited Children's Hospital, a regional Burn Center, and a Trauma Center that serves communities across North Louisiana, East Texas, and Southwest Arkansas. University Health Shreveport is one of only six hospitals in the nation affiliated with St. Jude Children's Research Hospital. University Health Conway (Monroe) also provides a 24-hour trauma center.

Willis Knighton Health System. Willis-Knighton has offered many firsts; the Center for Women's Health, an eye institute, and the Willis-Knighton Heart & Vascular Institute. Willis-Knighton South was the first satellite hospital established in Louisiana, and was also the first private hospital in the state to team with a public, academic medical center, Louisiana Health Sciences Center in Shreveport. The Willis-Knighton/LSUHSC Regional Transplant Center and the Center for Fertility are two examples of their collaborative ventures. Willis-Knighton Cancer Center is one of the first sites in the world to introduce TomoTherapy image-guided radiation therapy.

Monroe

Affinity Health. Affinity is a physician group comprised of more than 60 multi-specialty physicians who provide services in the Monroe area. They are focused on quality and performance measures, and are on track to become one was one of LHCC's first Premier Providers.

Glenwood Regional Medical Center (IASIS). Glenwood is a 268-bed acute-care hospital that offers a broad array of healthcare services. Through the Heart and Vascular Institute, Glenwood provides comprehensive heart care, including the area's only Level III accredited chest pain center. Other specialty areas include Hyperbarics, Behavioral Health, Diabetes Management and a Women and Children's Pavilion.

Health Services Northeast Louisiana (HSNL). HSNL is made up of 12 hospitals, 7 rural health clinics, 6 SBHCs and other practices and health centers. This coalition provides services in the Northeastern part of the state, and is a vital part of the network in the market they serve.

St. Francis (FMOL). St. Francis Medical Center has grown to become Northeast Louisiana's largest healthcare provider with 550 licensed beds. One of the largest employers in Ouachita Parish, St. Francis has over 2,200 employees. St. Francis partners with over 300 physicians in various specialties, and provides high quality medical, surgical, and emergency services for LHCC's members in Northeast Louisiana.

St. Francis Medical Center's main campus is located in downtown Monroe, and offers a full range of medical and surgical specialties, including cardiology and cardiovascular surgery, orthopedics, neurology and neurosurgery, oncology, physical medicine, critical care for infants, children and adults, emergency services, obstetrics, general surgery, general medicine, skilled care, rehabilitation, outpatient care, outpatient wound treatment, and hyperbaric oxygen therapy. In 2013, St. Francis Medical Center was ranked No. 4 in Louisiana as a best hospital, recognized as a best hospital in Northeast Louisiana, and recognized as high performing in three specialties; Orthopedics, Nephrology, and Neurology/Neurosurgery by U.S. News & World Report.

St. Francis received the 2011 Louisiana Performance Excellence Award given by the Louisiana Quality Foundation, one of four hospitals in the state to receive this award. The Franciscan Clinic at St. Francis received Level III certification (the highest level available) in 2011 from the National Committee for Quality Assurance, an organization dedicated to improving healthcare quality, and received the Award for Innovation in Reducing Health Care Disparities from the National Business Group on Health.

St. Francis Community Health Center. St. Francis CHC located in midtown Monroe on Oliver Road, offers a pharmacy, cardiac rehab, walk-in medical clinic, diabetes clinic, outpatient rehabilitation, and imaging services. A new Community Health Center campus will open in the fall of 2014 on Tower Drive, just around the corner from its current location.

St. Francis Medical Center – North Campus. St. Francis Medical Center-North offers emergency services, diagnostic lab and radiology services, a pediatric after-hours clinic, the Kitty DeGree Breast Health Center, and behavioral health services.

Other Specific Contracted Providers

Pursuant to requirements in the Sections referenced below, and the Appendix FF , Appendix TT, and Appendix UU, we have successfully contracted with or are in the process of contracting with the provider types listed below:

Ambulance Services. Acadian Ambulance. In accordance with Section 7.8.8 and Section 9.7.8.2, Acadian Ambulance is a very large regional and statewide provider of ambulance services concentrated mostly in the southern part of the state. While they provide good statewide coverage, they are located mostly in the South. They have over 4,000 employees and over 400 ambulances, helicopters, and fixed wing aircraft. As mentioned earlier in network innovations, we are currently collaborating with Acadian Ambulance in a community paramedicine program. Throughout the remainder of the state, local ambulance services and hospitals provide emergency transportation services.

Clinical Lab Services and Portable (mobile) X-rays. In accordance with Section 6.5.3. LHCC has statewide contracts with both Quest Laboratories and LabCorp. In addition, providers are able to provide laboratory services within their practice in accordance with their CLIA certificate or waiver.

U.S. Medical Management, along with its affiliated entities ("USMM"), is a leading management services organization and provider of in-home health services for high acuity populations. USMM provides an integrated, physician-driven model that coordinates comprehensive care management for complex

populations. USMM provides a continuum of in-home services, including primary care, health risk assessments, home health, hospice, podiatry, radiology (including Portable or mobile X-rays), DME, lab, and pharmacy.

Direct Access to Women's Health Care. LHCC offers direct access to women's health care with approximately 400 participating OB/GYNs throughout the state of Louisiana, in accordance with Section 7.8.6. and 7.9.2.7.

Durable Medical Equipment. In accordance with Sections 6.1.4, 6.20, and 7.8.8, J&B Medical, a family owned company, carries over 50 years of industry experience and has thrived by providing top quality products, exceptional service, and competitive pricing on medical supplies. J&B's Medical experience provides DME supplies to our members, and offers mail order supplies where appropriate. LHCC has a total of 215 Participating DME Providers in the following locations:

- GSA A = 65
- GSA B = 59
- GSA C = 63
- Statewide = 28

Family Planning Clinics. In accordance with Section 6.1.4., 6.1.10, 6.14, and 7.6.1.1, LHCC is contracted with Planned Parenthood Gulf Coast located on Magazine Street in New Orleans, LA. The center is currently constructing a new state of the art health facility to meet the growing demand for affordable, high-quality preventive health care. The new health center will provide women and men in New Orleans with expanded reproductive health services and medically-accurate information in a larger, more comfortable setting. The new health center will offer the full range of reproductive health services and expanded education programming, in addition to providing lifesaving cancer screenings, contraception, and testing and treatment for sexually transmitted infections. In 2013, this center provided the following services:

- 6,945 health care visits were provided for women, men, and teens (family planning, HIV, and dysplasia visits)
- 1,181 estimated unintended pregnancies were prevented with birth control
- 9,096 tests for sexually transmitted diseases (STDs) were performed
- 976 pap tests performed
- 23 women received care for precancerous cervical conditions
- 1,625 Well woman exams were provided

"…we have worked closely with Louisiana Healthcare Connections since the Bayou Health program was created. We find them to be a reliable partner. Your company is consistent in claims payment with a high degree of accuracy and has developed programs that are effective in assisting providers in disease management. We find your organization to be helpful when issues arise whether the proper contact in our organization is billing staff or provider staff."

~ Lee McLendon CPA, CGMA, David Raines Community Health Centers, Chief Financial Officer

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) (free-standing and hospital based). We have contracted with a comprehensive network of FQHCs and RHCs throughout Louisiana and have a strong long-term relationship with Louisiana Primary Care Association. Our network of FQHCs provides 93% of our Bayou Health members access to a clinic within 20 miles and includes key providers such as Access Health Louisiana. Access Health provides the largest network of FQHCs with nine clinics and six school based wellness centers and David Raines Community Health

Center that operates six clinic locations in the Northwest portion of Louisiana. In addition, we have built strong relationships with RHCs such as Health Services Northeast Louisiana (HSNL), which is a vital part of the network with seven clinics in the Northeastern part of the state.

Home Health Services. In accordance with Section 6.1.4, LHCC has a total of 107 participating Home Health agencies that are locally provided throughout Louisiana and in bordering states such as Mississippi and Texas.

- GSA A = 24
- GSA B = 37
- GSA C = 39
- Mississippi = 1
- Texas = 2

Hospice Services. In accordance with Section 6.1.4., we recruited and received a Letter of Intent (LOI) from St. Joseph Hospice, which provides statewide coverage across the State of Louisiana, with the exception of Lake Charles. There are no distance/time requirements for Hospice, however, based on a 60-mile distance comparison, 96% of our members have access to a hospice provider. We are currently recruiting hospice providers in Lake Charles.

Laboratories (includes lab testing sites providing services with a CLIA certificate or waiver of a certificate of registration along with a CLIA identification number). In accordance with Section 6.5, LHCC has statewide contracts with both Quest Laboratories and LabCorp. In addition, providers are able to provide laboratory services within their practice in accordance with their CLIA certificate or waiver.

Louisiana Office of Public Health (OPH) Local Parish Health Clinics. In accordance with Section 7.6.1.1 and 7.8.13, LHCC has a statewide contract with the Louisiana Office of Public Health (OPH) for the provision and coordination of personal health services offered within the parish health units (e.g., immunizations, STD, family planning).

Non-Emergency Medical Transportation. In accordance with Sections 6.14.1.8, 6.23, and 7.8.9, Louisiana Healthcare Connections (LHCC) provides NEMT services via a subcontract with LogistiCare for the provision of non-emergency medical transportation (NEMT) management services in all GSAs. LogistiCare is an experienced, national NEMT program manager that currently manages transportation programs serving Medicaid beneficiaries in 40 states, including Louisiana.

LogistiCare is currently the transportation program manager for the three prepaid Bayou Health Plan Managed Care Organizations (including LHCC), and covers the entire state, and currently facilitates access to covered services for LHCC members. In the future this will also include transportation for carved out services (such as dental and behavioral health services), and any expanded services that we LHCC offers as part of the new Contract.

Orthotics & Prosthetics. In accordance with Section 6.20 and 7.8.8, this specialty provider is included within our DME Providers. Hanger Prosthetics and Orthotics, and Snell Limbs and Braces, LLC. provide statewide coverage for LHCC. Below is the breakout of local/regional Orthotic & Prosthetic specific DME Vendors that are participating with LHCC:

NAME	Region	GSA
Douroux Prosthetic-Orthotic Services LLC	1	A
Innovative Orthotics & Prosthetics of LA INC	1	A
Lambert's Orthotics & Prosthetics	1	A
Restorative Prosthetics & Orthotics LLC	1	A
Orthotic & Prosthetic Specialist, Inc.	9	A
Dynamic Orthotic Services, Inc.	3	B
Lamberts Orthotics and Prosthetics—Lafayette	4	B
Methodist Rehab Orthotics & Prosthetics—Monroe	8	C
Premier Hope Orthotic & Prosthetic	8	C

Personal Care Services. In accordance with Section 6.1.4, LHCC will provide covered benefits for personal care services. LHCC hosted six Lunch and Listen workshops throughout the State to inform personal care service providers, and other healthcare providers who support long term care services, about LHCC and our local commitment in Louisiana. Workshop sessions were hosted in Baton Rouge, Lafayette, Lake Charles, Monroe, New Orleans, and Shreveport. On average, we had 50 attendees per workshop. As of this submission, we have received LOIs from 32 Personal Care Agency providers that provide us with statewide access. We have a current ongoing campaign and statewide outreach to obtain signed LOIs from Personal Care Attendant Agencies. Our outreach includes phone calls, mailings, and personal follow-up visits from the LHCC Network Team members. Recruitment efforts will continue for any additional PCA providers who wish to participate with LHCC.

Radiology Services. In accordance with Sections 6.5.1 and 7.8.8, LHCC provides network coverage throughout Louisiana for radiological services through our contract with National Imaging Associates. The program includes management of non-emergent, high-tech outpatient radiology services through prior authorization. This program is consistent with industry-wide efforts to ensure clinically appropriate quality of care, and to manage the increasing utilization of these services.

LHCC is recognized as a community supporter of the Louisiana School Based Health Alliance, and also participated in the recent 2014 conference.

School Based Health Clinics (SBHCs) certified by the DHH Office of Public Health. In accordance with Sections 7.6.1 and 7.6.1.1 and 7.8.11, we have a statewide contract with OPH that includes school based services in 64 locations throughout Louisiana. The OPH clinics provide 55 Full-Time Sites and 9 Part-Time Sites. In addition, we are contracted with Access Health and two other FQHCs that provide School Based services; RKM and St. Gabriel Community Health Center.

Small rural hospitals meeting the definition in the Rural Hospital Preservation Act of 1997. In accordance with Section 7.6.1.1., LHCC offers contracts to all rural hospitals, and is contracted with all 38 facilities affiliated with the Rural Hospital Coalition.

Surgical and Emergency Dental. In accordance with Section 6.1.4., LHCC has 32 participating oral surgeons located throughout Louisiana to provide surgical dental services, but if it is an emergency, hospitals typically have dental professionals on call to handle these situations.

Transplant Services. In accordance with Section 6.1.4., LHCC provides transplant services in-state State whenever possible, and utilizes transplant facilities including, but not limited to Children's Hospital, East Jefferson General Hospital, LSU Health – Shreveport, and Tulane University Medical Group. According to the Scientific Registry of Transplant Recipients, there are only three facilities that perform liver transplants in the state of Louisiana, which include Tulane Medical Center (New Orleans), Willis Knighton Medical Center (Shreveport), and Ochsner Foundation Hospital (New Orleans). Tulane and Willis Knighton are contracted facilities with LHCC, and we complete Single Case Agreements on a regular basis with Ochsner to perform this type of transplant service for our members.

Urgent Care Services. Urgent Care Services. In accordance with Section 6.8.1.7 and 7.2.1, we have contracted with physicians and clinics throughout the state that provide urgent care services. While DHH does not establish a specific access standard for urgent care, our urgent care network currently offers access to **95% of our membership** based the 90-mile standard. We are expanding availability of urgent care through our recent contract with the **15 Take Care Clinic locations operated by Children's Hospital of New Orleans**. In addition, after-hours primary care—an appropriate setting for many urgent care needs, is available to 96.9% of members within 60 miles, and 100% of members within 90 miles. We further demonstrate strong after-hours coverage and recently enhanced access due to the **expansion** of 19 **Lake After Hours Clinics with FMOL.**

Efforts to Recruit and Retain Quality Providers for Louisiana Medicaid

Strengthening Recruitment and Retention through Financial Incentives

"As you are aware, several FQHCs were closely partnered with LHC during its early development. Although those specific relationships have evolved they continue to provide a foundation for ongoing collaborations to identify areas for improvement, further enrich quality and services through education, data sharing, and incentives. These efforts not only increase access, but provide it within a more effective structure through an emphasis on quality. LPCA and its members are partnering with LHCC in numerous, quality-based Patient Centered Medical Home initiatives, certifications and incentives."
Jonathan Chapman, Louisiana Primary Care Association, Inc., Executive Director

Louisiana Healthcare Connections (LHCC) utilizes both financial and non-financial incentives to demonstrate our commitment to and to reward providers for improving quality of care for our members. While we implemented several provider incentive models since initial implementation, we identified innovative ways to expand these models by broadening the scope of providers eligible for the enhanced payments and to more directly tie the incentives to HEDIS measures and DHH goals.

Centene Corporation (Centene), LHCC's parent company, brings vast experience in developing incentive models, designed to improve health outcomes at lower costs, across the organization. Centene's innovative payment models support the belief that provider partners are pivotal to achieving our goals and our payment models should reward providers who share in our vision. We design our entire provider compensation model to support this belief.

A 2015 goal for all **Centene** health **plans** is to design and implement innovative payment programs that will ensure that **at least 50% of a plan's membership** is **assigned to or being seen by provider** who is participating in an **innovative payment** or **incentive programs**. **LHCC exceeds this goal** by being the **first Centene affiliate** to develop and implement an innovative payment/incentive model that **covers 100%** of our **membership**.

Broadening Incentives to PCP's and OB/GYNs. As an incumbent with three years' experience in Louisiana, we have learned that in an effort to improve quality outcomes and expand care for Bayou Health members, **we must broaden our incentives to both PCP's and OB/GYN's**. They are the point of control for care coordination and are the key to meeting and exceeding quality measures such as HEDIS, and DHH goals.

LHCC's proposed provider incentives will address **four of the Department's priority** areas mentioned in Section 6.1.3. of the RFP:

- **A reduction in emergency department use for non-emergent care**
- **Improved birth outcomes**
- **A reduction in health disparities among racial groups for certain conditions**
- **Improved screening for communicable diseases.**

LHCC will implement our enhanced Primary Care PMPM incentive models (already approved by DHH) for our entire network of PCPs beginning October 1, 2014. In addition, we continue to invest in, and incentivize our Patient Centered/Primary Care Medical Homes (PCMH) and will expand, with DHH approval, our PCMH recognition bonus program to include specialty practices that pursue and achieve Patient-Centered Specialty Practice (PCSP) Recognition. We also will continue to invest in and incentivize our independent pharmacy partners.

In addition to the above Primary Care PMPM Incentive for which all PCPs are eligible **(Standard)**, we also offer a **Premier PCP** incentive for providers who meet specific criteria. Premier providers are those providers most willing to engage with our members and coordinate their care with LHCC's Case Management and Chronic Care Management Programs. The Premier Program was developed in an effort to ensure greater access and better outcomes for our members. LHCC is committed to creating better financial, quality and administrative alignment between our plan and Premier Physicians across the State of Louisiana.

To qualify as Premier, providers must meet the following provider criteria:

- Commit to **additional capacity** for LHCC Medicaid members
- Demonstrate the ability to **achieve and exceed targeted benchmarks** on additional HEDIS and other quality measures (*as outlined in **Attachment Z.1-A: Premier Provider PMPM Incentive Rate Exhibit***)
- Show **capacity** and willingness to **interface electronically** with LHCC
- Agree to allow an **embedded staff,** such as an LHCC Social Worker, **onsite** to integrate with provider staff
- **Engage** in **monthly meetings** between lead physicians/CEO and LHCC CMO
- **Participate** in **quarterly meetings** between lead physicians/CEO and LHCC CEO/COO
- Commit to Office Manager/Administrator participation in LHCC's Practice Management Advisory Committee.

Those providers who meet the above criteria will receive, in addition to our Primary Care PMPM Incentive, **additional** financial **incentives** for providing services such as **focused patient coordination** with our Case Management Team.

- **PCP Dashboard Report (see below)** with additional measures and/or higher benchmarks
- **Dedicated LHCC staff** for utilization management and pharmacy review of authorization requests
- **Dedicated fax line**s and **forms** for authorization requests
- **Dedicated Provider Relations staff** to address any questions or concerns that may arise
- **Gold Card status** by US Script, Inc. and Program with no Prior Authorization requirements for PDL drugs

Many of the providers we work with are looking at expanding their Medicaid patient base, such as Children's Hospital Medical Practice Corporation, because of the provider incentive plans we have already put in place, and the new incentives we are working toward implementing. Providers are also willing to work with LHCC to continue to develop new innovations. For example, we are offering the Premier Provider Program to Dr. Mansoor in Alexandria since approximately 80% of their practice is comprised of Medicaid patients. They are also looking to expand their Medicaid patient base because of the incentive programs we offer.

LHCC's innovative payment and incentive models and our Provider Profiling Program increase provider awareness of performance, motivate providers to establish measurable goals relevant to our members, identify best practices of high performing providers, identify opportunities for provider performance improvement providers, and facilitate MCO-provider collaboration in the development of clinical improvement initiatives.

LHCC **commits** to the following **incentive investment** for our Louisiana providers:

- $10.9 Million for 12 month period
- $32.8 Million for 36 month period

Supporting Retention through Meaningful Performance Reporting

Provider Profiling Program increases provider awareness of performance, motivates providers to establish measurable goals relevant to our members, identifies best practices of high performing providers, identifies opportunities for provider improvement, and facilitates MCO-provider collaboration in the development of clinical improvement initiatives. Our **Profiling Program** directly **supports** the LHCC focus on the **"Triple Aim,"** a framework developed by the Institute for Healthcare Improvement and adopted by CMS to optimize health system performance. LHCC has embraced the Triple Aim concept, including the belief that all of our efforts to engage and support providers must simultaneously address the three critical dimensions of health care improvement:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care

LHCC's corporate strategy to increase provider engagement includes collaboration with provider members of our Quality Assessment and Performance Improvement Committee (QAPIC) and, as needed, Provider Advisory Committee, to jointly develop our approach and ensure the profiling process has value to providers, members, and the plan. We will work closely with our providers to select profile indicators,

build useful analyses, and help providers use feedback to improve care. We align these indicators with our financial and non-financial incentives to encourage continuous improvement. Our profiling approach aligns with recommendations from the AMA Physician Consortium for Performance Improvement, NCQA, and the National Quality Forum.

Provider Engagement – The Most Effective Retention Approach

Some of the many ways in which LHCC engages our provider partners is through our Provider Service Model; our committee structure; and through individual provider recognition.

Provider Service Model

LHCC's provider service model structure provides a strong foundation with four functional roles for supporting providers, including, but not limited to the roles depicted in the graphic.

Within our PR Team, we established these roles to increase support for our providers related to billing and other issues, and to allow our PR staff more quality time in the provider offices providing education.

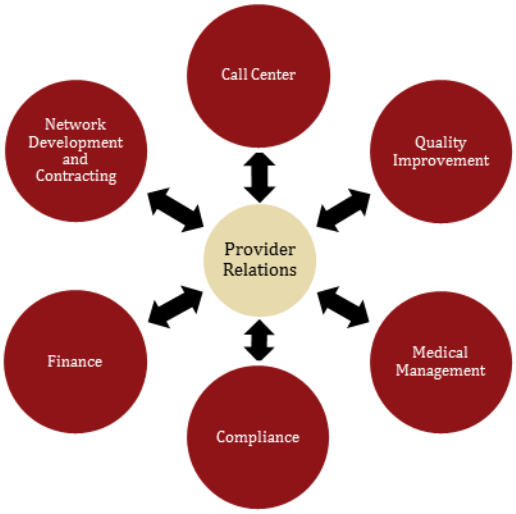
Our internal PR staff handle research, analysis, and coordination of updates and provider needs. This allows our external PR staff to take the time necessary to meet with the providers. While External PR Specialists provide face-to-face education and training to providers and provider office staff, each of these areas within PR work together collaboratively to support provider needs in a timely and efficient manner.

We currently have certified coders in three areas within PR (CIA, CL, Internal PR Specialists) and our External PR Specialists plan to attend and complete CPC-P certification in 2015. With this skill set, we have experienced a positive impact in our ability to communicate with and respond to provider billing needs in a more efficient manner.

Our PR team meets regularly with each of the functional departments within our organization that support providers to ensure cross-functional communication, internal training and to address provider needs related to billing and related issues. The functional areas include:

- Network Development and Contracting
- Call Center
- Quality Improvement
- Medical Management
- Compliance
- Finance

External Provider Relations Specialists. Strategically located throughout the state in Shreveport, Lafayette, Baton Rouge, and New Orleans, our External PR Specialists live and work in their locally assigned geographies. They have established strong relationships with our providers and their **primary focus** is **provider support, education, billing** and **claim submission accuracy**, and problem resolution. Within 30 days of notification, our External PR Specialists conduct in person orientations with new providers, to existing practice staff individually, or in-group training sessions on a routine basis.



The face-to-face engagement between our External PR Specialists has been critical to establishing the outstanding provider partnerships that LHCC enjoys today. Reflective of our dedication to Louisiana providers, our External **PR Specialists** spend on average a **full hour with providers** during an onsite visit. We **require** each PR rep to make **at least 40 unique provider/facility visits** each **month** and they also coordinate and attend Joint Operating Committee meetings with hospitals, large physician groups, and provider associations, such as the Louisiana Primary Care Association, on a quarterly basis.

In addition, these PR Specialists conduct workshops in their communities and participate in other training opportunities. Since 2012, our PR Specialists **have conducted more than 3000 face-to-face meetings** with our providers.

While visiting the provider's office, they collect any needed information on issues or concerns and bring the documentation to Internal PR staff and other LHCC functional areas for resolution or further development.

Committee Involvement

Effective February 1, 2015 we will have a total of 11 External PR Specialists strategically located in each of the 9 regions throughout Louisiana

Our Quality Assessment and Performance Improvement Committee (QAPIC) and subcommittees, such as our Provider Advisory Committee, include network providers who we actively engage to help refine our program, including providing input on provider administrative simplification; quality of care initiatives; incentives and other things important to a provider and his or her practice. Two new committees are designed to get to the heart of provider engagement: our new **Practice Management Advisory Committee** and our internal **Provider Engagement Committee (PEC).**

Our Practice Management Advisory Committee is comprised of provider practice management staff from which we will solicit feedback on a number of issues related to the day-to- day managing of the practice. The PEC, a subcommittee of the QAPIC, and comprised of provider-facing staff throughout the plan, will review and make recommendations on provider payment innovations, provider profiling, and other topics important to providers, such as claims issues and pharmacy trends. Another key function of the Committee will be to identify organization-wide and individual provider issues, and help us develop strategic initiatives to remediate such issues. Meetings will be held weekly beginning in October 2014, and at least monthly thereafter.

Provider Recognition

The 2013 LHCC Summit Award was presented to Brian Sibley M.D., a pediatrician, with offices in and around Lafayette, Louisiana.

LHCC recognizes that provider partnerships are the key to successful network management and providing outstanding care to members. One way in which LHCC builds and strengthens our relationships with providers is our annual Summit Award. This award honors the exceptional providers who, compared to their peers, have demonstrated the most exemplary care in the following areas: follow up after emergency room visits; routine preventive and well care services for both adults and children; and establishing a medical home for new enrollees. Each practice receives an engraved plaque presented by one or more members of LHCC's leadership team, and a catered lunch for their office staff. In addition, we recognize them in national and local press releases, social media updates, on LHCC's website, and in the LHCC Provider Newsletter. Keith Perrin, M.D. (Children's Medical Practice in New Orleans) has been selected to receive the 2014 Summit Award. Dr. Perrin is a key leader in helping us communicate the importance of quality outcomes and improving HEDIS measures as indicator of quality, and is a strong collaborator with PCP's in his local area.

In 2015, we will introduce our Excellence in Obstetric Care Award to recognize outstanding prenatal and perinatal care. The three awardees each year will receive the same recognition provided to recipients of the Summit Award.

Practice Improvement Tools

Administrative and Clinical Self-Service Functionality: the LHCC Provider Portal. Our providers can access an integrated suite of secure administrative, clinical and communication functions by going to our public website and logging on to the LHCC Provider Portal. Providers can check member eligibility, including demographic information, PCP and other contact information, Third Party Liability, and more. Providers can submit HIPAA compliant batch claims files directly to us or key claims in directly online using our HIPAA Direct Data Entry function, and check on the status of their submitted claims (no matter how those claims were submitted to us). Through the online authorization request and status feature of our Provider Portal, providers can submit and check the status of authorization requests. Providers can also communicate directly to LHCC staff via secure messaging, update their Provider Portal profiles, manage the Provider Portal individual accounts for their practice, and more.

Clinical Information Sharing through Centelligence™ Health Information Exchange

Powered by Centelligence™, Centene's award winning health informatics platform, Centelligence™ Health Information Exchange (CHIE) securely delivers expanded, member level clinical information via multiple, secure and complementary electronic channels, including *web based online access and mobile platforms (via the Provider Portal)*, and *health information data exchange* capabilities to assist PCP's, Hospitals, and other providers to assure the best possible outcomes, delivered efficiently and effectively through information-based coordinated care.

CHIE Technology: Supporting Provider Practices through Information. For providers, CHIE's integrated *online tools* are incorporated in our Provider Portal and include an Online Member Panel Roster with disease registry, special needs, and Emergency Room utilization indicator flags; an Online Member Health Record with extensive medical, behavioral, and medication history; Online Care Gap Notifications (including HEDIS care gaps and health alerts); Provider Practice and PCMH patterns of care quality and cost information with peer benchmarks; access to our TruCare Service Plan (member level care plans to address problems and achieve goals via milestones); online EPSDT member tracking, and access to online evidence based Clinical Practice Guidelines. CHIE is completely integrated with our secure web-based Provider Portal; offering demographic and administrative self-service tools and

reference support – including our online Provider Directory with multiple search criteria support. In addition, our Provider Portal is engineered for "mobile friendliness", allowing CHIE information to be presented in a manner suitable for mobile phone and tablet form factors.

For more information on our web-based Provider Portal and the administrative and clinical functionality we make available to our providers in support of our members, please see Section W.6.

As an ongoing part of our Network Management Program, we will continue to promote the meaningful use of EHR technology by our providers, with particular focus on participation in the Louisiana Health Information Exchange (LaHIE).

Practice Improvement Resource Center (PIRC). In 2015, we are expanding our online support for providers through our online Practice Improvement Resource Center (PIRC). *The PIRC* is a well-organized, searchable compendium of best practice and vetted documentation; communication channels (secure messaging, forums, etc.); multi-media content; and interactive tools to help providers across Clinical, Operational, and Technology aspects of their practices. The PIRC includes additional information on participating in LaHIE, and engaging the Louisiana Health Information Technology Resource Center (LHIT, Louisiana's Regional Extension Center) so that providers can fully leverage LHIT resources and assistance as they increase their use of EHR and LaHIE.

"Affinity Health Group, LLC and Louisiana Healthcare Connections have developed an innovative partnership that we believe results in increased access, greater efficiencies in the delivery of care, improved health status and outcomes for Louisiana's most vulnerable populations.

Because of our strategic partnership with Louisiana Healthcare Connections, we have received:

- ***Support in billing and claims payment***
- ***Provider education and support***
- ***Care coordination which made referrals and authorizations easier to obtain***
- ***Case and disease management coordination and programs***
- ***In House assistance with Social Workers and patient coordination"***

~ Michael C. Echols, Affinity Health Group, Director of Business Development

Process and Policies for Utilization of Out of Network Providers

LHCC has established policies and procedures to ensure timely and appropriate access to out-of-network (OON) providers.

If a contracted provider is not available to meet the service needs of an LHCC member, we authorize and coordinate services in a timely manner with an appropriate OON provider, in accordance with Section 7.1.4 and 42 CFR. All out-of-network services require prior authorization, except emergent, urgent, or services exempt from prior authorization requirements such as post-stabilization services. For providers who elect not to join LHCC's provider network, we make arrangements, either through standing referrals, prior authorizations, or Single Case Agreements, that allow our members to access services on an out-of-network basis.

Whenever appropriate, LHCC transitions out-of-network care to a participating network provider in order to better monitor the quality of care and services provided. We hold OON providers, including tertiary care providers, *accountable for adhering to the same policies and procedures as our contracted providers*, particularly regarding quality of care. We require the OON provider to coordinate with the patient's PCP or designated specialist that normally manages the patient's care. When an OON provider calls LHCC's Case Management Team, the Case Manager informs the provider of services requiring

authorization, timelines for submitting authorization requests, how to submit authorizations, timeframes for Notices of Action, and the requirement for concurrent review (where applicable).

New Members. In accordance with Section 6.32, when new members are identified as being in an active, ongoing course of treatment, are within the third trimester of pregnancy or are currently receiving inpatient care from an out-of-network provider, LHCC authorizes continuation of medically necessary services, including home health services and medical supplies, for up to 90 calendar days or through the postpartum period. If the out-of-network provider contacts LHCC for authorization of the services, we determine medical necessity and authorize services for up to 90 calendar days.

For members who are hospitalized at the time of enrollment with LHCC, the designated Case Manager immediately begins concurrent review for medical necessity and works with our Transition of Care Team and Concurrent Review Nurses to begin discharge planning for the member. The discharge planning process includes steering the member back to qualified in-network providers by identifying available in-network providers and coordinating transition of care to the in-network provider.

We require prior authorization for continuation of services in out-of-network facilities after the first 90 calendar days of the member's enrollment.

Continuing Care with OON Providers Beyond the Transition Period. For certain types of care, transitioning to a new network provider during a course of treatment may pose a risk to the member's health. Additionally, network providers may not accept the member as a new patient when they are in the middle of a course of treatment with another provider. For these situations, we authorize continuation of services with the non-contract provider to ensure continuity and no disruption in care, such as when the member is receiving:

- ***Prenatal Care.*** LHCC allows pregnant members (in any trimester) who are receiving prenatal care from an OON OB/GYN at the time of enrollment to continue seeing the OB/GYN through delivery and the six-week postpartum visit.
- ***Transplant Services.*** For members receiving transplant services at the time of enrollment, we authorize continuation with the OON transplant provider through one year, post-transplant. Our Transplant Case Manager works with the OON transplant provider to ensure coordination with other services the member receives.
- ***Chemotherapy.*** For members receiving chemotherapy for a cancer diagnosis, we authorize continued treatment with the current OON provider until the treatment is completed. As with transplants, our Case Management staff work with the chemotherapy provider to ensure coordination with other services the member receives.
- ***Behavioral Health Services.*** For members receiving basic behavioral health services, we authorize continued treatment with the current OON provider until the treatment can be transitioned to a network provider, or the OON provider is credentialed as in-network. Our Case Management staff also work with the SMO care management team to coordinate referrals for behavioral health specialty services, and to ensure coordination with other needed services for the member.

Out-Of-Network Authorizations: Established Members. When an established member is identified as needing out-of-network services, services are authorized in accordance with our current policy and carried out via our established "Use of Out of Network Providers and Steerage" Work Process. Through this process, the decision to authorize the use of an out-of-network provider is based on continuity of care, complexity of the case, and/or the lack of an available in-network provider of the same or similar specialty. In cases where services cannot be reasonably obtained from a network provider, we will authorize out-of-network services if the services are a covered benefit, are medically necessary and when a prior authorization is approved. LHCC will not deny out-of-network requests if there are no in-network

providers available to provide the service, however, we make every reasonable effort to direct member care to qualified in-network providers.

All authorization and medical necessity information gathered from providers is **documented** in detail in TruCare, our member-centric health management platform for collaborative care coordination; and case, behavioral health, disease, and utilization management ensuring notes and referrals are entered into or associated with the authorization.

Single-Case Agreements. LHCC maintains collegial relationships with tertiary providers outside of our network and establishes Single-Case Agreements (SCA) with the non-participating provider or facility. However, a SCA may also be executed if requested by a non-participating provider. All SCAs include agreed-upon rates, our protocols and requirements for patient transfer procedures; and care review/care coordination processes that the OON provider must comply with for LHCC members in their care. Examples of situations that may require the use of SCAs among tertiary care providers include but are not limited to:

- The need to preserve continuity of care following termination of a provider agreement
- When the tertiary care provider is unwilling to contract with LHCC or unwilling to accept the State Medicaid Fee Schedule

The Case Manager coordinates efforts with LHCC's Provider Relations and Network Development departments to establish *a single case agreement when needed or requested* that outlines preauthorization requirements, claims submission process and rate of reimbursement.

Emergent or Urgent Scenarios. For members in an emergency or urgent situation whose clinical condition warrants transfer to an appropriate care facility, the member may be stabilized at the local facility and then transported to a selected tertiary care facility. Means of transportation are matched to the patient's medical requirements. For example, patients being transferred to tertiary care facilities that are a long distance away may be transported by medically supported airlift or ambulance.

OON Provider Reimbursement. LHCC reimburses out-of-network providers at 100 percent of the published Medicaid rate for covered emergency and post-stabilization services. In compliance with Section 6085 of the Deficit Reduction Act (DRA) of 2005, LHCC reimburses out-of-network providers for the provision of emergency services at no more than the Medicaid rate. For non-emergent services, LHCC does not reimburse out-of-network providers, to whom we have made at least three documented attempts to include them in our network, more than 90 percent of the published Medicaid rate in effect on the date of service.

Plan to address Gaps in Local Coverage and Maintain Adequacy Throughout the Contract

LHCC's Network Team assesses our provider network and identifies providers we need to recruit to ensure network providers are available within a reasonable distance to members and accessible within an appropriate timeframe to meet members needs in accordance with Sections 7.1.3 and the Appointment Availability Access Standards in Section 7.2 and Appendix SS. In our most recent network adequacy assessment, we reviewed all DHH required specialties in Appendix TT, including the newly added specialties, in comparison to network adequacy and capacity standards in Appendix UU.

Once we identified areas that did not meet full adequacy, we reviewed the Louisiana State Board of Medical Examiners provider file to confirm if there is a provider available within the specialty and service area. In several cases, we confirmed there are no providers available within the specific area to recruit. In these instances, our members follow the pattern of care to receive services within the contiguous area.

Below are two tables outlining the results of our network assessment and specific interventions underway to address identified network deficiencies.

Table 1 – Network Interventions In Process. We have identified *specialties* in areas throughout the state in need of network intervention:

Specialty	Region	Intervention
GSA A		
Critical Care Medicine	1	There is one provider in Region 1 with this specialty designation that we are currently targeting for potential contracting. The pattern of care for members is to go to Alexandria.
Pediatric Rheumatology	1	There are two providers in Region 1 with this specialty designation that we are currently targeting for potential contracting. The pattern of care for members is to go to Baton Rouge or Shreveport.
Pediatric Surgery	1	There are five providers in Region 1 with this specialty designation that we are currently targeting for potential contracting. The pattern of care for members is to go to Baton Rouge or Lafayette.
GSA B		
Adolescent Medicine	2	There is one provider in Region 2 with this specialty designation that we are currently targeting for potential contracting. The pattern of care for members is to go to Monroe or New Orleans.
Geriatric Medicine	2	There is one provider in Region 2 with this specialty designation that we are currently targeting for potential contracting. The pattern of care for members is to go to Baton Rouge or New Orleans.
Nuclear Medicine	2	There is one provider in Region 2 with this specialty designation that we are currently targeting for potential contracting. The pattern of care for members is to go to Shreveport or New Orleans.
Surgery-Critical Care	4	There is one provider in Region 4 with this specialty designation that we are currently targeting for potential contracting. The pattern of care for members is to go to Shreveport.
GSA C		
Adolescent Medicine	7	There is one provider in Region 7 with this specialty designation that we are currently targeting for potential contracting. The pattern of care for members is to go to Monroe or New Orleans.
Critical Care Medicine	5	There is one provider in Region 5 with this specialty designation that we are currently targeting for potential contracting. The pattern of care for members is to go to Alexandria.
Geriatric Medicine	7 and 8	There is one provider in Region 7 and two providers in Region 8 with this specialty designation that we are currently targeting for potential contracting. The pattern of care for members is to go to Baton Rouge or New Orleans.
Hand Surgery	6	There is one provider in Region 6 with this specialty designation that we are currently targeting for potential contracting. The pattern of care for members is to go to Shreveport, Baton Rouge or New Orleans.
Nuclear Medicine	6	There is one provider in Region 6 with this specialty designation that we are currently targeting for potential contracting. The pattern of care for members is to go to Shreveport or New Orleans.
Pediatric Endocrinology	6	There is one provider in Region 6 with this specialty designation that we are currently targeting for potential contracting. The pattern of care for members is to go to Lafayette, Baton Rouge or Shreveport.

Specialty	Region	Intervention
Pediatric Infectious Disease	4, 5 and 6	There are two providers available in Region 4 and one provider available in both regions 5 and 6 (same provider) with this specialty designation that we are currently targeting for potential contracting. The pattern of care for members is to go to New Orleans, Baton Rouge or Shreveport.
Specialty Surgery – General Vascular	8	There is only one Specialty Surgery - General Vascular provider available in Region 8. This provider is currently being targeted for potential contracting.

Table 2 – Below we have identified all of the specialties for which there are no providers available within the specified region. For each of the network gaps below, we follow our out-of-network process described above, work with our PCPs to identify the pattern of care for our members, and identify new providers recently locating to the area for engagement and recruitment.

In some cases, especially in our rural parishes, there are no providers available within the time distance standards, and in this scenario, we identify the nearest provider available based on the pattern of care. Pattern of care is determined by claims utilization, and by speaking with our local provider community to understand their referral patterns for specific specialty care needs. In accordance with Section 7.3, requests for exceptions as a result of prevailing community standards are submitted in writing to DHH for approval.

Specialty	Region	Intervention
GSA A		
Pediatric Sports Medicine	1 and 9	There are no Pediatric Sports Medicine providers available in Regions 1 and 9.
Surgery-Critical Care	9	There are no Surgery-Critical Care providers available in Region 9.
GSA B		
Adolescent Medicine	3 and 4	There are no Adolescent Medicine Providers in Regions 3 and 4.
Geriatric Medicine	3 and 4	There are no Geriatric Medicine providers available in Regions 3 and 4.
Nuclear Medicine	3 and 4	There are no independent Nuclear Medicine specialists available in Regions 3 and 4.
Pediatric Rheumatology	4	There are no Pediatric Rheumatology providers available in Region 4.
Pediatric Sports Medicine	2, 3 and 4	There are no Pediatric Sports Medicine providers available in Regions 2, 3 and 4.
Surgery-Critical Care	2 and 3	There are no Surgery - Critical Care providers available in Regions 2 and 3.
GSA C		
Adolescent Medicine	5 and 6	There are no Adolescent Medicine Providers available in Regions 5 and 6.
Cardiac Electrophysiology	5, 6 and 7	There are no Cardiac Electrophysiology Providers available in Regions 5, 6 and 7.
Critical Care Medicine	8	There are no Critical Care Medicine Providers available in Region 8.
Endocrinology & Metabolism	5 and 6	There are no Endocrinology & Metabolism Providers available in Regions 5 and 6.
Geriatric Medicine	5, 6	There are no Geriatric Medicine providers available in Regions 5 and 6.
Gynecologic/Oncology	5, 6 and 8	There are no Gynecologic/Oncology providers available in Regions 5, 6 and 8.
Hand Surgery	5 and 8	There are no Hand Surgery providers available in Regions 5 and 8.

Specialty	Region	Intervention
Maternal and Fetal Medicine	5, 6 and 8	There are no Maternal and Fetal Medicine providers available in Regions 5, 6 and 8.
Nuclear Medicine	5 and 8	There are no independent Nuclear Medicine specialists available in Regions 5 and 8.
Pediatric Critical Care Medicine	8	There are no Pediatric Critical Care Medicine providers available in Region 8.
Pediatric Emergency Medicine	5, 6, 7 and 8	There are no Pediatric Emergency Medicine providers available in Regions 5, 6, 7 and 8.
Pediatric Endocrinology	5 and 8	There are no Pediatric Endocrinology providers available in Regions 5 and 8.
Pediatric Gastroenterology	6 and 8	There are no Pediatric Gastroenterology providers available in Regions 6 and 8.
Pediatric Hematology/Oncology	5, 6 and 8	There are no Pediatric Hematology/Oncology providers available in Regions 5, 6 and 8.
Pediatric Infectious Disease	8	There are no Pediatric Infectious Disease providers available in Region 8.
Pediatric Nephrology	5, 6 and 8	There are no Pediatric Nephrology providers available in Regions 5, 6 and 8.
Pediatric Pulmonology	5, 6 and 8	There are no Pediatric Pulmonology providers available in Regions 5, 6 and 8.
Pediatric Rheumatology	5, 6 and 8	There are no Pediatric Rheumatology providers available in Regions 5, 6 and 8.
Pediatric Surgery	5 and 8	There are no Pediatric Surgery providers available in Regions 5 and 8.
Pediatric Sports Medicine	5, 6, 7 and 8	There are no Pediatric Sports Medicine providers available in Regions 5, 6, 7 and 8.
Proctology	5, 6 and 8	There are no Proctology providers available in Regions 5, 6 and 8.
Specialty Surgery – Critical Care	5, 6 and 8	There are no Specialty Surgery – Critical Care providers available in Regions 5, 6 and 8.
Specialty Surgery – General Vascular	5	There are no Specialty Surgery – General Vascular providers available in Region 5.

LHCC's Network Development Approach

LHCC analyzes multiple factors when developing our recruitment strategies and plan, including, but not limited to requirements outlined in Section 7.9.1 and 42 CFR, such as:

- Anticipated maximum number of Medicaid members
  - The scope of our network has been increased to accommodate the 40% cap of membership which represents the maximum of 360,000 members
- Expected utilization of services, taking into consideration the characteristics and health care needs of the members in the MCO
- The numbers and types (in terms of training, experience, and specialization) of providers required to furnish Medicaid core benefits and services
- The numbers of providers who are not accepting new MCO members
- The geographic location of providers and members, considering distance travel time, the means of transportation ordinarily used by members whether the location provides physical access for Medicaid enrollees with disabilities

- The evaluation of provider quality and cost, such as willingness to accept market standard pricing and meeting nationally recognized credentialing standards

LHCC understands and will comply with standards and requirements in Section 7.0 Provider Network Requirements; Appendix SS – Provider Network Appointment Availability Standards (further described in our response Section H.1), Appendix TT – Network Providers by Specialty Type, and Appendix UU – Provider Network-Geographic and Capacity Standards. In addition, we provide training to all providers and their staff regarding the requirements of the Medicaid contract, as defined in Section 10.5 Provider Education and Training.

Provider Recruitment

LHCC utilizes a consultative sales approach with a multi-pronged value proposition to recruit our target network providers. This approach centers on a portfolio of tools to address each provider's specific needs. These tools include, but are not limited to:

- Potential for enterprising providers to consistently outperform their peers and receive payments above traditional fee-for-service
- Accurate, timely, and simplified payment processes centering on use of national EDI clearinghouses for claims submission, on-line clean claims submission tools, claims status inquiry tools, electronic funds transfer, and expedited claims processing for network providers
- Streamlined administrative functions as demonstrated by "paperless referral" process, multiple entry points for authorizations (on-line, fax, and phone), and simplified prior authorization process
- Physician practice management tools (such as our Practice Improvement Resource Center); provider-tested and driven medical home strategies and integrated delivery system tools augmented with resources from Centene, to assist the provider in accomplishing their objectives
- Value added resources and processes to enhance member/patient compliance. These include CentAccount, **Connections Plus**®, and Start Smart® for Your Baby.

Prospecting for New Providers

In order to ensure that we always meet or exceed network adequacy standards, we engage in continuous prospecting. We use primary network prospecting sources include such as:

- Louisiana State Board of Medical Examiners
- Significant Traditional Providers (STPs)
- Commercial physician databases
- AHD hospital database information
- Louisiana Department of Health and Hospitals (LADHH) provider information
- CommunityCare Linkage reports
- Centene national contract provider information
- Recommendations from our Participating Practitioners

Provider Outreach Strategies

LHCC makes every effort to use a variety of outreach strategies to raise awareness within the provider community, as well as to attempt to recruit providers to participate with our Bayou Health Plan. Outreach efforts include, but are not limited to:

- Face-to-face introductory meetings to introduce providers to Louisiana Healthcare Connections
- Leveraging existing relationships with key network providers to help coordinate or arrange meetings
- Providing access to our website so providers can access information on LHCC and obtain instructions on how to apply for network participation
- Identifying Medicaid providers through various data sources
- Mailing letters to providers with admitting privileges to newly contracted hospitals to invite them to contract with us; where there is an immediate network need, the Contract Negotiator will follow up with a telephone call
- Sponsoring community events that appeal to the provider community, or hosting dinners or other events to educate providers on benefits and services
- Coordinating speaking/meeting opportunities with medical societies.

Pursuant to the Provider Participation requirements in Section 7.6.1, LHCC has contracted with, or has offered contracts to the following providers:

- Louisiana Office of Public Health (OPH) clinics
- All OPH-certified School Based Health Clinics (SBHCs)
- All small rural hospitals meeting the definition in the Rural Hospital
- Preservation Act of 1997
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs) (free-standing and hospital based)
- The MCO shall make a reasonable effort to contract with all local family planning clinics and providers, including those funded by Title X of the Public Health Services Act services)
- Significant Traditional Providers

LHCC makes a good faith effort to execute contracts with current Medicaid providers throughout the state and documents these efforts. In addition, we also make good faith effort to execute contracts with existing providers who request participation in LHCC's network, and tracks these contracting efforts. LHCC may limit participation to the extent necessary to meet the needs of our members, or to control costs, and quality consistent with our responsibilities to DHH. We give providers requesting to participate 14 calendar days written notice of our decision to decline participation consistent with 42 CFR.

LHCC does not execute contracts with individuals or groups of providers who have been excluded from participation in Federal Health care programs under either Section 1128 or Section 1128A of the Social Security Act (42 CFR) or state funded health care programs. We utilize lists from federally funded health care programs can be found at http://exclusions.oig.hhs.gov/ and the System for Award Management, https://www.sam.gov/index.html/ , and Health Integrity and Protection Data Bank at http://www.npdbhipdb.hrsa.gov/index.jsp.

Pursuant to 42 CFR and Section 7.6.3.1 we do not discriminate with respect to participation in the Medicaid program, reimbursement or indemnification against any provider solely on the provider's type

of licensure or certification. Furthermore, we do not discriminate against particular providers that service high-risk populations or specialize in conditions that require costly treatment.

As we outreach to prospective providers for network contracting, we identify and ensure providers are in compliance with American with Disabilities Act (ADA) requirements and provide physical access for Medicaid members with disabilities. This is also contractually required once they participate.

Consistent with Section 7.6.3, should we decide to terminate a provider's contract for cause we provide immediate written notice to the provider. We also notify DHH of the termination as soon as possible, but no later than seven calendar days, of written notification of cancelation to the provider. In addition, we make a good faith effort to give written notice of termination of a contracted provider, within 15 days after receipt of issuance of the termination notice, to each member who received his or her primary care form or was seen on a regular basis by the terminated provider as specified in 42 CFR.

Monitoring Access to Services, and Benefits and Network Evaluation

LHCC continuously monitors and assesses our provider network to ensure all covered services are accessible to our members in comparable timeliness, amount, duration, and scope as those available to other insured individuals in the same service area pursuant to Section 7.1.2.

Network Management Team

LHCC employs a complete Network Management and Contracting team (Network Team) to recruit providers to contract with LHCC. The Network Team includes Provider Relations (PR) staff who constantly monitor and evaluate network adequacy. The Network Team works closely with contracted providers to build trust and establish long-standing relationships. Through these partnering relationships, LHCC establishes network stability and consistency, both of which are critical to long-term success in the market we serve. We are committed to transparency and creating innovative solutions through our provider relationships.

Monitoring Network Adequacy

LHCC monitors and evaluates network access in multiple ways to ensure we identify recruitment opportunities, and keep a pulse on the provider network across the state. Provider Relations and our Quality Improvement (QI) Departments monitor network adequacy to ensure network access requirements are maintained. Additionally, as described in Section G.3, we validate provider demographic data to ensure that current, accurate, and clean data is on file for all contracted providers.

Access to Services and Benefits

We assure, at a minimum, the availability of specialists listed in Appendix TT with the ratio, distance, and appointment time requirements set forth in Section 7.8 and in Appendixes SS and UU. LHCC assesses the availability of practitioners on an ongoing basis within its delivery system by provider volume, geographic location, member utilization, provider capacity and provider complaints/member grievances regarding satisfaction with physician availability. We analyze our network consistent with DHH standards, and based on, but not limited to, the following:

- Geographic availability monitoring (e.g. GeoAccess maps)
- Provider capacity based on provider to member ratios and on DHH Capacity Standards pursuant to Section 7.4 and Appendix UU
- Member utilization
- Evaluating cost and quality.

Data sources may include, but are not limited to: self-reported member data such as satisfaction survey results, GeoAccess reporting, provider panel or linkage assignments, provider complaints/member grievances regarding 'mystery shopper' or physician visits. Section H.1. provides more detailed information on how we monitor provider appointments and wait times specifically.

GeoAccess

LHCC monitors and audits network adequacy and capacity on a quarterly basis through GeoAccess maps and verifying network capacity standards in accordance with Section 7.3, 7.5, Appendix UU, and for those specialties listed on Appendix TT. Consistent with Section 7.9.4, we provide geo mapping and coding of all network providers for each provider type as specified by DHH to geographically demonstrate network capacity. We provide updated geo mapping and coding to DHH quarterly, upon material change, or upon request.

Network deficiencies are identified and reviewed to develop specific interventions necessary to meet the needs of our members. As described in the Network Interventions below, consistent with Sections 7.9.3 and 7.9.6, we describe how we assure all covered services are delivered to our Bayou Health Plan members and planned interventions to resolve such gaps.

Through our Network Provider Development and Management Plan and network assessment we identify provider network gaps, including the success of proposed interventions and any needed revisions, and submit our plan to DHH at the end of the first year of operations and annually thereafter. These interventions include, but are not limited to, identifying providers within the area with the specialty needed and actively recruiting the provider to participate with LHCC. In some cases, especially in our rural parishes, there are no providers available within the time distance standards, and in this scenario, we identify the nearest provider available based on the pattern of care. Pattern of care is determined by claims utilization, and by speaking with our local provider community to understand their referral patterns for specific specialty care needs. In accordance with Section 7.3, requests for exceptions as a result of prevailing community standards are submitted in writing to DHH for approval.

Provider Capacity

On a quarterly basis, at minimum, we review our provider volume compared to the membership capacity standards as established by DHH in Appendix UU. Our Network Team targets any specialties in need of further recruitment for outreach.

Member Utilization

We review all non-contracted provider utilization based on our member patterns of care for specialties required in Appendix TT: Network Providers by Specialty Type. This evaluation is performed on a quarterly basis, at minimum, to ensure we are aware of any newly identified providers who see our members, and to outreach to them for recruitment in our network. For example, in February 2014, we pulled a report of all non-par claims data and started a network contracting campaign to recruit as many of the identified providers as possible. Through this process, we have obtained contracts for and credentialed approximately 26% of providers identified initially as non-contracted. Our Network Team continues provider recruitment efforts in order to provide our members with the best possible access to care.

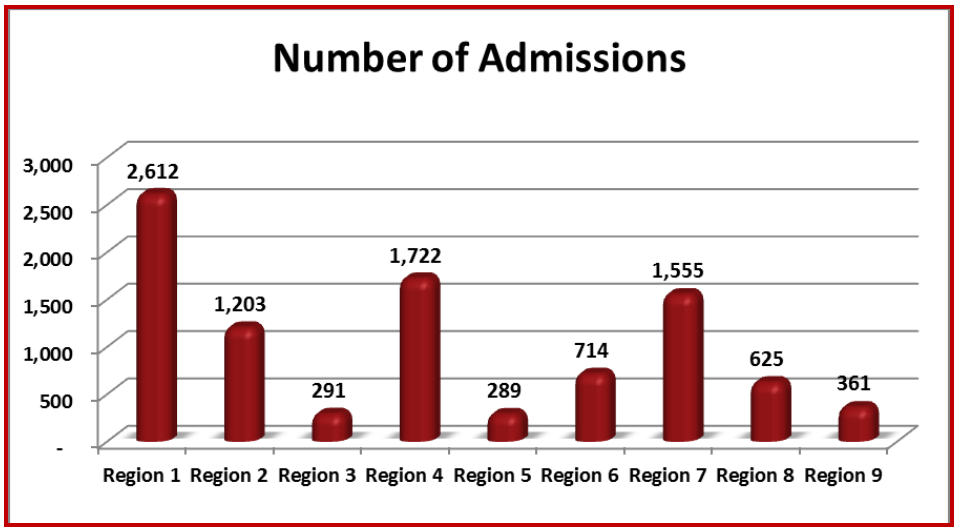
Evaluating Quality and Quality through Network Management Reports

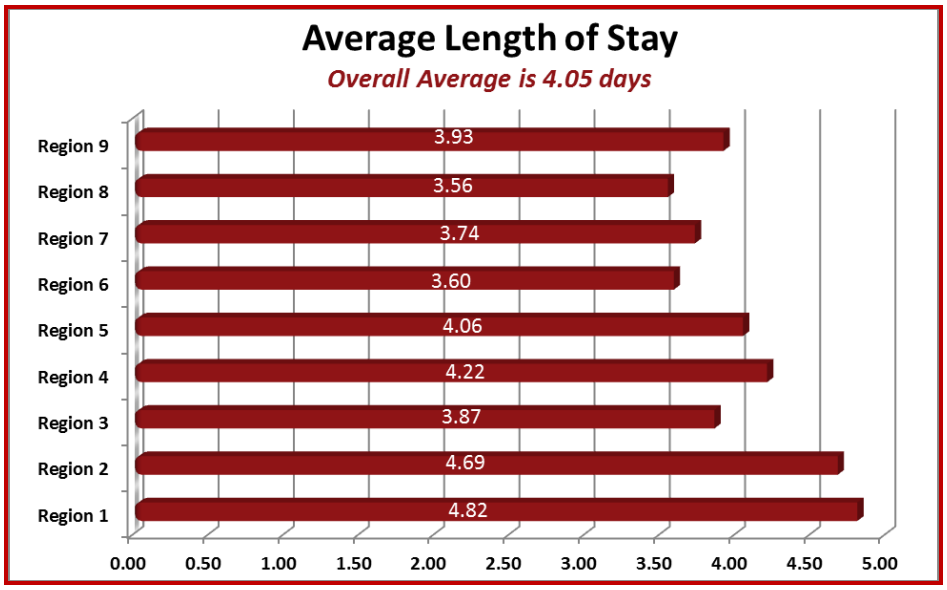
Similar to our Provider Profiling Program described in Section H.4, our Network Team will continue to monitor provider performance monthly and quarterly to identify providers of all types, including hospitals, with lagging performance and target them for education regarding quality, performance, and cost. The Network Team monitors indicators such as coding accuracy, overall cost compared to budget, volume of specialty referrals, inpatient admissions, and utilization of lab, radiology, and pharmacy, for example, for PCPs (in compliance with requirements in RFP Section 8.12).

For hospitals, the Network Team monitors average inpatient length of stay and average cost per day, for example. The Network Team also monitors reports generated by Centelligence™ that, like Patterns of Care Reports, display risk-adjusted utilization/cost and non-preventive health quality performance compared to specialty-specific peers summarized by Quality and Cost Indices.

The Chief Medical Officer or Provider Relations staff meet with individual providers with low performance, including providers with a Quality Index statistically significantly lower than peers, or a Cost Index statistically significantly higher than peers, to collaboratively develop a performance improvement plan. They also will meet with select high performing providers, including those with a statistically favorable Quality or Cost Index, to identify best practices to share with other network Providers.

A few of the sample reports we utilize are included below:





In addition to the reports listed above, we also consider the Total Number of Claims Paid by Region, which helps us identify key areas to prioritize for additional PR support. Our PR Specialists review all the reports and target the most appropriate providers with whom to meet to inform, educate, and collaborate in areas related to improvement opportunities. We also work closely with our QAPIC and Quality Committees to engage providers on new innovative solutions, datapoints, and metrics.

G.2 Describe how you will provide tertiary care providers, including trauma centers, burn centers, children's hospital, Level III maternity care; Level III (high risk) nurseries, rehabilitation facilities, and medical sub-specialists available twenty-four (24) hours per day. If you do not have a full range of tertiary care providers describe how the services will be provided including transfer protocols and arrangements with out of network facilities.

Tertiary Services Overview

Louisiana Healthcare Connections (LHCC) ensures all members have access to tertiary care providers including sub-specialists and other Centers of Excellence who provide advanced technologies and care, especially for patients with unusual or complicated medical problems. Some examples of such Centers of Excellence are trauma and burn centers, level III (high risk) nurseries (NICU), rehabilitation facilities, and outpatient or inpatient medical specialty groups (sub-specialists) when needed 24 hours per day, in accordance with Section 7.8.5.

We develop geographic maps for all tertiary and other Centers of Excellence providers and assemble a detailed directory to assist Case Managers in facilitating transfer and care to and within these centers. The directory includes information regarding providers and each facility's expertise for each tertiary center. We also identify which facility offers the most appropriate services and expertise for treating the member's condition.

In some areas, where limited availability of tertiary services exist, we direct our members to the nearest tertiary facility. For example, for members living in GSA A or C who are in need of a burn center, we coordinate care and facilitate referral to one of the only two burn centers in the State of Louisiana; Baton Rouge General-Mid City or Our Lady of Lourdes in GSA B.

LHCC understands and will comply with Sections 6.28 Referral system for Specialty Healthcare, 6.29 Care Coordination, Continuity of Care and Care Transition, 6.32 Continuity of Care for Individuals with Special Health Care Needs, 7.1.4 Out of Network Services, 7.8.5 Tertiary Care and 9.7.8 Post-Stabilization Care Services.

Tertiary Care Network throughout Louisiana

LHCC has established a comprehensive tertiary network throughout Louisiana to provide highly specialized services to our Bayou Health members. Since 2011, our Network Development and Contracting Team (Network Team) has enhanced our tertiary care network throughout the State to include all the available tertiary facilities, with the exception of Ochsner Health System, and expanded our network of sub-specialty providers.

Ochsner Health System. We currently utilize Single-Case Agreements (SCAs) with Ochsner Health System for any tertiary care services needed. We are currently in active negotiations with them and anticipate a finalized contract by January 1, 2015. This contract will include their 10 hospitals, both owned and managed, more than 40 health centers, more than 15,000 employees, and over 2,500 affiliated physicians in more than 90 medical specialties and subspecialties.

On a quarterly basis, our Network Team reviews data from the American Hospital Directory to confirm services provided at each of Tertiary Care facility, and to identify facilities who recently obtained certification for new tertiary services. We also work closely with the Louisiana Hospital Association and many tertiary providers throughout the State to ensure we have the most current information on tertiary and medical sub-specialty services provided.

Building on Subspecialty Relationships. LHCC's adult and pediatric subspecialty care is delivered through participating hospitals and other clinics and facilities that offer clinical services through a dedicated clinical department for pediatric care, and through in-network board-certified adult and pediatric sub-specialists. We have built strong relationships with adult and pediatric subspecialty providers, associated with facilities such as Baton Rouge General, Children's Hospital, Tulane University, Woman's Hospital, and Willis-Knighton Medical Center. When contracting with hospitals, our Network Team establishes contracts with the subspecialty providers whenever possible. These physician-hospital relationships are well established and contribute to our success in ensuring our members receive quality care in a timely manner. We also work to solicit input from PCPs and other providers to ensure we have the most important tertiary care providers contracted in our network.

LHCC Contracted Tertiary Providers. The Table below provides a list of LHCC's contracted Tertiary Care Providers and the category of services they provide.

Facility Name	Trauma Center	Burn Center	Level III OB Labor and Delivery	Level III NICU	Rehabilitation Facility	Medical Sub-specialists (available 24 hours/day)
GSA A						
Children's Hospital New Orleans	✓			✓	✓	✓
East Jefferson General Hospital					✓	
Interim LSU Public Hospital	✓					✓
Lakeview Regional Medical Center				✓		
North Oaks Medical Center				✓		
Saint Tammany Parish Hospital				✓	✓	
Slidell Memorial Hospital				✓	✓	
Touro Infirmary				✓	✓	
Tulane Medical Center				✓	✓	✓
West Jefferson Medical Center					✓	
GSA B						
Dauterive Hospital					✓	
Baton Rouge General - Mid City		✓		✓	✓	✓
Glenwood Regional Medical Center				✓	✓	
Lafayette General Medical Center					✓	
Lane Regional Medical Center				✓	✓	
Mercy Regional Medical Center					✓	
Opelousas General Hospital					✓	

Facility Name	Trauma Center	Burn Center	Level III OB Labor and Delivery	Level III NICU	Rehabilitation Facility	Medical Sub-specialists (available 24 hours/day)
Opelousas General Hospital – South Campus					✓	
Our Lady of the Lake Regional Medical Center	✓				✓	✓
Our Lady of Lourdes Regional Medical Center		✓			✓	
Savoy Medical Center					✓	
Teche Regional Medical Center		✓			✓	
Teche Specialty Hospital		✓			✓	
Terrebonne General Medical Center		✓		✓	✓	
The Regional Medical Center of Acadiana		✓		✓	✓	
Thibodaux Regional Medical Center		✓			✓	
Woman's Hospital			✓	✓		✓
Women's and Children's Hospital				✓		
GSA C						
Beauregard Memorial Hospital				✓		
Caldwell Memorial Hospital					✓	
CHRISTUS Saint Frances Cabrini Hospital					✓	
CHRISTUS Saint Patrick Hospital					✓	
CHRISTUS Schumpert Medical Center				✓	✓	
University Health Shreveport (Bio-Medical Research Foundation) (E.A. Conway Medical Center)	✓			✓		
Lake Area Medical Center				✓		
Lake Charles Memorial Hospital				✓	✓	
Louisiana State University Medical Center	✓	✓				✓
Minden Medical Center					✓	
Rapides Regional Medical Center	✓			✓		
St. Francis Medical Center			Only 1 in this area of state	✓	✓	
Willis-Knighton Medical Center				✓	✓	✓

Transplant Provider Network. In addition to the tertiary services provided in the table above, we also provide and coordinate transplant services for our Bayou Health members. Depending on the type of transplant needed, transplants are performed at Tulane University, Ochsner Health System, Interim LSU Hospital, and Children's Hospital. Kidney transplants are also performed in Lafayette at University Medical Center. In Northern Louisiana, transplants are performed at Willis-Knighton Medical Center, LSU Medical Center and St Francis Medical Center.

Out-of-State Tertiary Care Access. As necessary, LHCC contracts with and refers to out-of-state hospitals in the trade area, especially when there are no hospitals that meet network requirements, when there are no hospitals that exist within the parish (in particular, parishes near state borders for which an out-of-state tertiary care provider is more accessible than one in-state), or when a contract cannot be negotiated. This may occur in instances of bed shortage in the State or for cases where the member's care is best provided by highly specialized Centers-of-Excellence such as:

- Cincinnati Children's Hospital Medical Center (e.g. Specialty Airway Surgery Facial Reconstruction)
- Boston Children's Hospital (e.g. Unique Complex Congenital Heart Disease Surgery)
- MD Anderson Children's Cancer Hospital and Cancer Center (e.g. Cancer Care Hospital and Clinics
- St. Jude Children's Research Hospital (e.g. Cancer Care Hospital and Research Center)
- Texas Children's Hospital (e.g. Seizure Specialist for Intractable Epilepsy)
- University of Mississippi Medical Center - Batson Children's Hospital (e.g. Specialized Hip Reconstruction)
- Georgetown University Hospital (e.g. Transplants not provided in Louisiana, such as Bowel-Intestinal Transplants)

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Methods for Arranging Access to Out-of-Network Tertiary Services

As we have demonstrated above, we have a comprehensive tertiary provider network, with the exception of Ochsner, with which is in negotiations. When we do not have a specific tertiary service in-network, LHCC has established policies and procedures to ensure timely and appropriate access to tertiary care providers. Our processes include a quick review of out-of-network requests by LHCC's Case Management Team. When appropriate, our Case Management Team proactively attempts to steer members to qualified in-network providers.

Single-Case Agreements (SCA). LHCC maintains collegial relationships with tertiary providers outside of our network and establishes SCAs with the out-of-network tertiary provider or facility. All SCAs outline preauthorization requirements, claims submission processes, reimbursement rates, our protocols and requirements for patient transfer procedures; and Case Management processes that the out-of-network tertiary care provider must comply with for LHCC members in their care.

Examples of situations that may require the use of SCAs among tertiary care providers include but are not limited to:

- The need to preserve continuity of care following termination of a provider agreement
- When the tertiary care provider is unwilling to contract with LHCC or unwilling to accept the State Medicaid Fee Schedule

Authorizations for New Members. For new members, or members with special needs who are Medicaid and CHIP eligible and who are receiving medically necessary covered services upon enrollment, we approve the continuation of existing tertiary services and coordinate access for such services up to 90

calendar days, or until the member may be safely transitioned to a qualified network tertiary provider. We require prior authorization for continuation of services for out-of-network tertiary facilities after the first 90 calendar days. LHCC does not deny authorization solely on the basis of the tertiary care provider's out-of-network status, in accordance with Section 6.32.

Authorizations for Existing Members. If a participating tertiary care provider is not able to meet the service needs of the member, we authorize and coordinate services in a timely manner with an appropriate out-of-network tertiary provider, in accordance with Section 7.1.4 and 42 CFR. All out-of-network services require prior authorization, except emergent, urgent, or services exempt from prior authorization requirements such as post-stabilization services. For tertiary care providers who elect not to join LHCC's provider network, we make arrangements, either through standing referrals, prior authorizations, or SCAs, that allow our members to continue accessing tertiary services on an out-of-network basis.

Whenever appropriate, LHCC transitions out-of-network care to a qualified network tertiary provider in order to better monitor the quality of care and services provided. However, we hold all out-of-network providers, including tertiary care providers, *accountable for adhering to the same policies and procedures as our contracted providers*, particularly regarding quality of care. We require the out-of network provider to coordinate with the patient's PCP or designated specialist that normally manages the patient's care. When an out-of-network provider calls LHCC's Case Management Team, the Case Manager informs the provider of services requiring authorization, timelines for submitting authorization requests, how to submit authorizations, timeframes for issuing Notices of Action, and the requirement for concurrent review (where applicable).

Out-of-Network Authorization Exceptions. A 90-day authorization for an out-of-network tertiary provider may be approved in the following instances, provided the service(s) are a covered benefit and medical necessity is met (if required):

1. Newly enrolled pregnant members have an established relationship with their current OB/GYN. We will authorize services with the existing OB/GYN through the member's postpartum checkup.
2. A member has an established long-term relationship with a provider or providers for the treatment of a terminal or chronic condition (such as for Hemodialysis, Chemotherapy, Diabetes). We may authorize these services until completion of the treatment plan.
3. If a newly enrolled member is receiving treatment for a medical or behavioral health condition that could be jeopardized upon interruption of care. In such cases, we authorize services for up to 90 days or until the member can be safely transitioned to a network tertiary provider.
4. Members receiving active treatment at the time a specialist terminates from the network. We may continue authorization for services for up to 90 calendar days, (or per contract guidelines), upon request from the member's PCP provided:
   - The specialist was in good standing with LHCC (e.g. not terminated due to professional review action)
   - The specialist is willing to continue to treat the member and accept LHCC's or the Medicaid Fee Schedule and/or other terms for continued course of treatment
5. When a network tertiary provider is not available within the distance standard, the Case Management team notifies our Network Team of network recruitment needs.

Emergent or Urgent Scenarios. For members in an emergency or urgent situation whose clinical condition warrants transfer to an appropriate tertiary care facility, the member may be stabilized at the local facility and then transported to a selected tertiary care facility. We match means of transportation to the patient's medical requirements. For example, medically supported airlift or ambulance may transport patients being transferred to tertiary care facilities that are a long distance away.

Care Coordination, Continuity of Care, and Transfer Protocols

LHCC has developed, maintains and monitors effective care coordination, continuity of care, and care transition activities to ensure a continuum of care approach to providing health care services to our members, in accordance with Section 6.29 and consistent with 42 CFR. We ensure that in the process of coordinating care, each member's privacy is protected in accordance with the privacy requirements in 45 CFR Parts 160 and 164, and other applicable state or federal laws.

Whenever possible and appropriate, we strive to transition out-of-network tertiary care to a qualified network tertiary provider as soon as possible after a member can safely transition. Our Concurrent Review Nurses or Case Managers develop and coordinate transfer protocols. The assigned Concurrent Review Nurse or Case Manager contacts the out-of-network provider, including tertiary care facilities and specialty care services, to assist and engage them in the transition process. The Case Manager ensures development and coordination of an appropriate Care Plan, formalized hospital and/or institutional discharge planning program, and transfer/transition plan which includes post-discharge care assuring prior authorization for prescription coverage is addressed and or initiated before the patient discharge, as appropriate. Additionally, we post our list of preauthorization requirements, Provider Manual and additional provider resources to LHCC's public website and provide out-of network approved providers access to our secure Provider Portal to request authorizations. Our online tools enable out-of-network providers to have immediate access to the information they need to effectively develop and carry out care transition plans for LHCC member's in collaboration with LHCC. The assigned Case Manager remains involved with the case throughout the members care and helps to ensure the member's care is fully directed by the their PCP or primary specialist provider (when appropriate).

Care Coordination with Out-of-Network Tertiary Providers. If we learn of established members who are receiving care from out-of-network tertiary providers, our Concurrent Review Nurses or Case Management Team proactively contacts the out-of network provider to gather information and authorize services, if indicated. The Concurrent Review Nurses or Case Management Team requests applicable clinical information regarding the member's condition and diagnosis, the course and estimated length of treatment, and any treatment plans in place for the Member. When out-of-network tertiary care is authorized, the Case Manager outreaches to the provider to communicate existing Care Plans for the member and incorporate any additional transfer-related requirements as identified by the out-of-network provider. We inform the out-of-network provider of the member's PCP and the requirement to coordinate member's treatment needs, changes, progress, or problems with the established PCP.

All information collected and authorizations provided are documented in TruCare, for incorporation into the member's Care Plan.

When out-of-network tertiary services can safely be transitioned to an LHCC network provider, our Case Managemet team contacts the member and works with the member's PCP (or medical home) to identify an appropriate network provider (including tertiary) who assumes the member's care. The Case Management team works closely with members to ensure that *cultural concerns* as well as health and functional needs are addressed in transferring care to a participating provider. The CM Team coordinates transition of medical records and plan of care from the out-of-network tertiary provider to our network provider.

Care Coordination for Members with Special Needs. For members with special needs, we share information and coordinate with other health care entities the results and identification and assessment of that member's needs to prevent duplication of those activities. In addition, for members who need transportation to tertiary services, our Case Managers arrange for a qualified caregiver or family member to accompany the member to the hospital during the inpatient stay. Before a member's stay is concluded, Case Manager conducts thorough and extensive transition planning in conjunction with our Transition of

Care team to ensure a safe transition and reduce any complications and mitigate the risk of readmission to inpatient tertiary care.

G.3 Describe how you will keep all required provider information accurate and current, both internally and the information submitted to DHH for the provider registry.

Background

Accuracy and ongoing maintenance of provider information is of critical importance to LHCC, and a national priority for our parent company, Centene Corporation (Centene). Ensuring accurate provider data is critical for ensuring correct PCP member assignment, accurate claims processing and payment, accurate and complete provider directories, adequate support for Case Management and Care Coordination; and facilitating a member's ability to access care. We provide a robust network of providers, including, but not limited to PCPs, specialists, hospitals, and auxiliary services needed to ensure member access to covered services that meets standards for distance, timeliness, amount, duration, and scope, as defined in the Systems Companion Guide and contract with DHH.

Lessons Learned. In the early days of the Bayou Health Program, obtaining accurate data from providers was a challenge. A very large percent of the data we needed was either missing or incorrect. After working with providers for some time, in the fall of 2013 we conducted an audit of 15 large practitioner groups (around 2,400 providers), and identified more than 4,550 provider records that still had missing or incorrect data. Given these audit results, we sharply refined our processes.

Now, immediately after reviewing a provider's credentialing file, we reject the credentialing application if we identify missing or possible inaccurate information. We then send a formal notification to the provider, in writing, letting them know what is missing or inaccurate. We request that they correct the application and return it for another attempt at processing. This new process ensures that we are not loading erroneous data into the system that will cause problems with claims down the road.

In addition to this new process at credentialing, we receive monthly rosters for all provider groups that have the responsibility for delegated credentialing so that we can ensure that our records are current and accurate for claims processing. Currently, there are nine provider groups that fall into this category, including LSU and other providers associated with a medical school or other reason for a high volume of provider turnover.

Ensuring Provider Information Accuracy

In addition to the new processes described above, we ensure accurate and up-to-date provider information through initial provider data capture; prompt data update processes, including a robust, locally-driven data integrity review process to assure quality and accuracy; and ongoing monitoring through staff visits to provider offices. We support these strategies with extensive provider education and outreach on the importance of reporting any data changes, and with training for all LHCC staff on their responsibility for reporting provider data inaccuracies or discrepancies within a prescribed process that was built for quick and accurate updating.

Expanding on the latest *in Customer Relationship Management (CRM)* technology, Provider Relationship Management (PRM) houses the entire lifecycle of our provider relationships including provider prospecting, recruiting and application processing; credentialing and contracting (with supporting fee schedules and/or other reimbursement arrangements); continuous provider data management (e.g. demographics; identifiers such as NPI, TIN and DHH Medicaid IDs; affiliations; and specialty codes); provider visit records; and ongoing provider network design and analysis support (through geo-mapping technology). We use PRM to manage a broad range of provider data and contracts in a holistic and integrated fashion to ensure data integrity across all our systems.

LHCC also holds our subcontractors accountable for data integrity for the provider networks they manage. We submit a listing of all contracted providers to DHH and the Fiscal Intermediary (FI) in accordance with the Systems Companion Guide.

We utilize the updates to provider data for our Provider Directory (in accordance with Section 12.14 as described in our response Section T.2), new mobile applications, and to provide accurate information to functional areas within LHCC, such as Case Management and our Call Center. Reports listed in the diagram below are referenced as “Provider Files” throughout this section:

Daily Updates to PRM	Weekly Updates to DHH and FI	Daily Updates to Provider Directory
•Provider Registry File •Provider Site File •Primary Care Provider Linkage File •Provider Directory (online)	•Provider Registry File •Provider Site File •Primary Care Linkage File	•Provider Directory (online)

We have enhanced our processes to improve timeliness and accuracy of provider information, and will continue to collaborate with providers, regulators, and subcontractors to develop best practices that address the ongoing maintenance and accuracy of provider data.

LHCC understands and will comply with all regulatory and contractual requirements, including, but not limited to 7.5.2.2 Data Consistency with GeoAccess and Provider Registry Data, 12.14 Provider Directory for Members, 16.9 Provider Enrollment, DHH Systems Companion Guide, and all other applicable requirements related to maintaining accurate and current provider information.

Provider Data Management and Technology. Our PRM System serves as our enterprise-wide provider data management tool and LHCC uses PRM for continuous provider data management support (e.g.

demographics, identifiers, affiliations, specialty codes). Our Provider Data Management (PDM) staff enter provider data into PRM once, and then the system integrates with all other LHCC systems, promoting data integrity throughout and creating the one "source of truth" for all provider data. PRM distributes data to other LHCC systems; for example, it sends specialty provider information to TruCare and distributes pay class fee schedule information from PRM to AMISYS Advance. PRM is the *one* source for provider data and daily updates to the core systems which produce the Provider Files, along with the data files to produce our GeoAccess maps and LHCC online searchable Provider Directory, to name a few. With the information being reported from the same system, along with file comparisons, this ensures the data in our quarterly GeoAccess reports, and Provider Files data submitted to DHH are consistent as required in Section 7.5.2.2.

PRM also supports multiple provider locations, for example, PCPs and PCP groups, hospitals, specialists, providers of ancillary services, pharmacies, FQHCs and RHCs, and urgent care clinics, and allows for the printed Provider Directory to be organized by Parish and Service Area. PRM houses all data elements necessary to create a complete user-friendly directory.

Provider Data Systems. In accordance with Section 16.9.2, our core systems used to store and process provider data (such as PRM), comply with and provide, at a minimum, the following functionality:

- Audit trail and history of changes made to the provider file
- Automated alerts when provider licenses are nearing expiration
- Retention of NPI requirements
- Credentialing information
- Provider languages spoken
- Automated interfaces with all licensing and medical boards
- System generated letters to providers when their licenses are nearing expiration
- Linkages of individual providers to groups
- Provider office hours

Data Capture and Maintenance. The PDM Unit ensures initial provider data are accurately loaded and maintained. On an ongoing basis, PDM maintains control over data elements that affect payment, such as billing address, and fields that normally do not change after initial capture, such as Medicaid ID numbers. Our PDM team is also responsible for auditing provider configuration changes to ensure accuracy.

Our Network Development and Contracting Team (Network Team), located in Baton Rouge with a dedicated Contract Coordinator for each of Louisiana's three GSAs, is responsible for initial submission of provider data to PDM, and then has the ability to maintain several of the data elements related to provider demographics as required in 42 CFR §438.10(f)(6) and the System Companion Guide, which inform the Provider Files (e.g. provider name, practice addresses, phone, hours of operations, panel status, etc.). Our Network Team and PDM coordinate changes to data elements outside the scope of our local Network Team. The Network Team and PDM are also responsible for audits and data integrity checks for accuracy, described below. The Manager and Contract Coordinators meet weekly with PDM to monitor data load processes and discuss and resolve any quality control or communications issues.

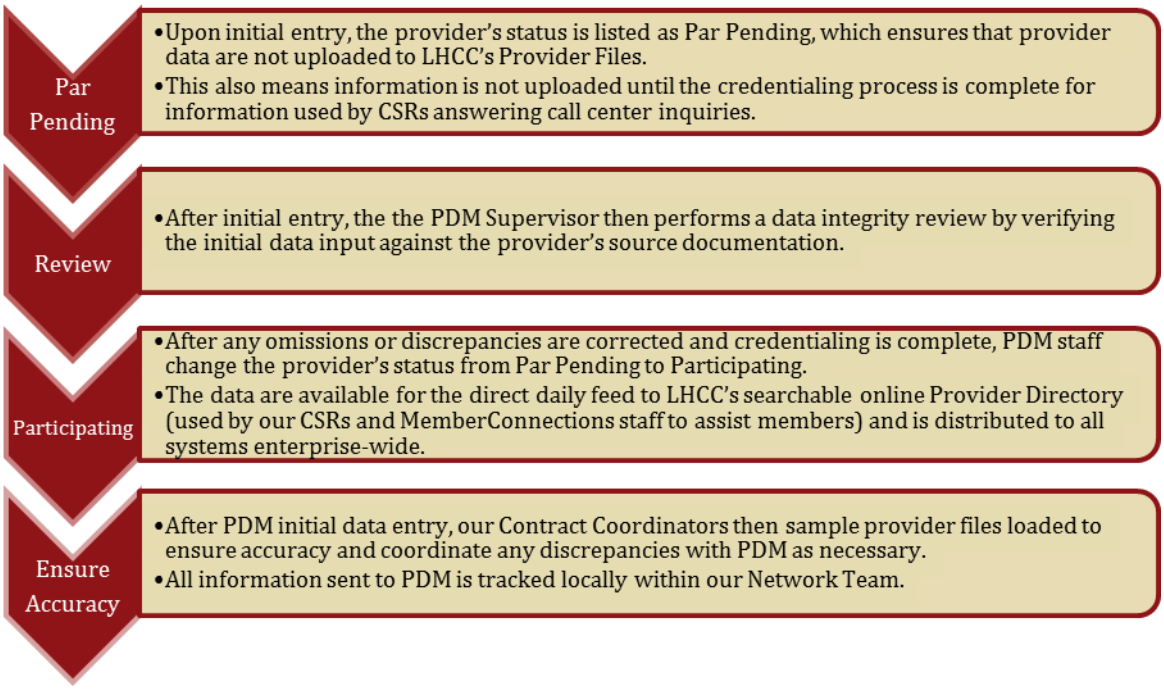
Our Manager, Network Development and Contracting (Network Team Manager) oversees the collection and management of all provider data, including the data elements used to create accurate, up-to-date Provider Files for submission to DHH and the FI.

Initial Data Capture. We train our Contract Negotiators to remind all providers, up front, to ensure provider information is accurate and current before they submit paperwork for network participation. Contract Negotiators also remind providers who participate in the Council for Affordable Quality Healthcare (CAQH) to ensure these providers have recently reviewed their information contained in this system.

Contract Negotiators submit completed credentialing and contract documents to Contract Coordinators to be reviewed for accuracy before sending the information to PDM to process the paperwork. Based on the process described in the Overview section above, our Contract Coordinators reject the credentialing application and contract documents if we identify missing or possible inaccurate information. We will not load provider credentialing information into our system until the information received is accurate and complete.

In the initial capture, PDM loads data from the provider's submitted paper application or, when available and attested to, from the Council for Affordable Quality Healthcare (CAQH) database into PRM. PRM contains built-in controls to promote data integrity, reducing the chance of data entry errors. For instance, format length of certain numeric value fields is specified, and alpha vs. numeric requirements are set for certain fields, for example, so alpha entry cannot occur in an NPI numeric field.

Data Maintenance. LHCC contractually requires all providers to notify LHCC of any changes in practice information, including demographics. During the initial provider contracting and credentialing process, the Network Team is responsible for collecting required information from providers, and obtaining required data elements through the attested credentialing application and provider rosters, as appropriate.



Provider Education. We ensure providers understand the importance of timely notification of any information changes needed to ensure we have the most accurate and current information. We communicate this information during initial and ongoing provider orientations, through our Provider Manual, on our Provider Portal, via BlastFax, and at least twice yearly in our provider newsletter, *NetworkConnect*. We also ensure providers and their staff understand their role, and instruct them on how to provide information to us about any changes.

PR Specialists visit providers during initial provider orientation and on an ongoing basis and as part of *each visit*, PR Specialists review and verify provider information with the provider office staff. Afterward, they verify that the provider information they collected from the visit record is correct in PRM. Providers may submit changes by secure fax, mail, secure email through the Provider Portal, in

person during a Provider Relations (PR) staff visit, or by contacting our Call Center. Providers also directly contact their Contract Negotiator or Contract Coordinator with changes. LHCC requires an authorizing signature, either in writing or electronically, for confirmation of all updates.

In all of these instances, the information received by any one of our departments is transmitted electronically to the Network Team for processing.

Staff Training for Quick Update. During both new hire orientation and ongoing refreshers, we educate all LHCC staff on the importance of, and their specific job responsibilities related to, maintaining accurate and up-to-date provider information. We require staff with key responsibility for the provider network, such as PR staff and Customer Service Representatives (CSRs) in the call center, and member-facing staff, such as Case Managers, to electronically transmit any changes to the Network Team within one to two business days of receipt for review, confirmation, and submission for system correction.

Monitoring Provider Information to Ensure Accuracy

Since 2011, we have created best practices to improve accuracy, and increase the frequency of confirming and updating provider information. We have implemented an enhanced provider information verification process to better identify and correct data discrepancies. This process exceeds DHH requirements by ensuring data integrity with daily updates to our systems, rather than the contractually required weekly timeframe.

The Network Team receives edits from ongoing data audits, described below, and submissions from providers and LHCC staff. Our Network Team, Provider Relations, call center, and Case Management staff also work collaboratively to verify provider information, address provider complaints and member grievances, and identify trends related to inaccuracy of information.

Monitoring Through Provider Outreach. We employ ongoing monitoring and maintenance processes, beginning with the initial data capture, to ensure accurate and current information for internal use and for submittal to DHH.

Provider Verification Information Process. LHCC's Network Team implemented a best practice in Fall 2013 to increase the frequency of verifying provider information in the provider information verification process. We now verify provider information *each time PR Specialists visit the provider's office.* After each provider visit or orientation, the PR Specialist reviews any variances in information with PRM, and coordinates changes needed with the Contract Coordinator as appropriate.

Providers may call any of our provider-facing departments, such as our Network Team, PR, Call Center, and Care Management to obtain support and information related to participation. If a member (or a provider's office staff) reports an inconsistency to the call center, or if a member reports that, using the same provider information the call center has, the member has found an error, the CSR submits the potential change to the Network Team via PRM. The Network Team investigates and, if necessary, submits the potential edit to PR Specialists so they can contact the provider and either update and obtain verification signature, or resolve any variances in information.

This best practice allows more opportunity for us to verify provider demographic information along with other key data elements included in the Provider Files.

Mobile Tablet Pilot. This year, our Provider Relations staff piloted the use of mobile tablets to improve the efficiency of provider visits, and the timeliness of updating information. Our PR staff document and track provider visits and Provider Visit Record results during each provider visit. Through the use of this technology, the result is faster data capture and upload of necessary

LHCC Provider Specialists located in Baton Rouge, Lafayette, New Orleans, and Shreveport visit providers in their offices, providing personal service and auditing the accuracy of their provider and practice information.

edits to all systems. This includes, but is not limited to information in the Provider Files. In addition, the provider electronically signs off on the accuracy of their information and receives a receipt copy via secure email, creating an electronic paper trail. Provider Relations plans to provide mobile tablets to all External PR Specialists for use during provider visits by November 2014.

Subcontractors. LHCC holds all affiliates who manage specialty portions of our provider network responsible for maintaining accurate and up-to-date provider information for their provider networks. LHCC monitors its subcontractors, including through Joint Operations Committee meetings conducted at least quarterly, to ensure that the information they provide for the Provider Directory is accurate and up-to-date, and that they comply with all DHH requirements.

We require each subcontractor to submit a complete electronic data feed of all required provider data elements weekly. PDM loads the feed into PRM, and thus to the online Provider Directory and all other LHCC internal systems within 24 hours.

Ongoing Audit and Data Integrity Review Processes

LHCC also employs a locally-driven, continuous audit process to ensure the quality and accuracy of provider data. After edits are made to provider data, LHCC's Network Team produces error reports for large hospital systems, large multi-location provider practices, and others as identified by Management, compares the data elements to the source documentation, and corrects any errors immediately. Quarterly, the Network Team compares physical provider paperwork on file to our Network Adequacy Report, which includes GeoAccess reports, and investigates and resolves any discrepancies.

Routinely, the PDM audits data from multiple systems that use PRM data, such as AMISYS Advance, against PRM to ensure that the loads are successful across systems, and investigate and resolve any discrepancies. Through this audit process, we are able to correct any variations in the PRM system information and make updates to the Provider Files within the reporting periods. PDM staff perform this audit process on a routine basis.

Prior to the annual printing of the hard copy Provider Directory, the Network Team creates an extract from PRM and reviews the extract for accuracy. At least *semi-annually*, Contract Coordinators audit provider data in their assigned GSAs beginning with tier one or high-volume providers, such as large hospital systems and large multi-location provider practices; compare source documentation on file to the data contained within PRM; and resolve and edit changes. Post-entry, the Contract Coordinators check the newly input data against the source documentation as a data integrity review; and flag, correct, and resubmit any errors as needed until all audited elements are accurate. All updates load into the online Provider Directory daily.

Every three years during recredentialing, the Credentialing staff submit any provider changes for edit, and the Network Team audits post-entry, to ensure accuracy.

Provider File Submission to DHH and FI

LHCC submits the Provider Files to DHH and the FI using the list of Louisiana Medicaid provider types, specialty, and sub-specialty codes provided by DHH at the onset of the MCO Contract, and periodically as changes are necessary. This information is used to coordinate provider enrollment records and provider data communications with DHH and the Enrollment Broker.

In accordance with Section 16.9 and the Systems Companion Guide, we will continue to provide the following Provider File reports, including all required data elements to DHH and the FI, in addition to the following:

- All relevant provider ownership information as prescribed by DHH, federal or State laws

- Performance of all federal or state mandated exclusion background checks on all providers (owners and managers). The providers are required to perform the same for all their employees at least annually.